

MINISTRY OF THE INTERIOR, EGYPT.

Department of Public Health.

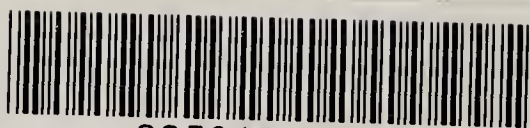
Annual Report on the Work of the Department of Public Health for 1926.




Government Press, Cairo, 1929.

Government Publications are on sale at the "Sale Room,"
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Annual Report of the Department of Public Health for the Year 1926.



SECTION I.

1.—VITAL STATISTICS.

The birth rate for 1926 was 43·0 per thousand as compared with 42·8 per thousand for 1925 ; while the death rate was the same as last year, *i.e.* 26·0 per thousand.

Tables I and II give the usual detailed figures regarding Vital Statistics of the whole country.

TABLE I.—ANNUAL TOTAL OF BIRTHS AND DEATHS REGISTERED IN EGYPT DURING 1926.

GOVERNORATES AND PROVINCES.	Total Population.	BIRTHS.				DEATHS.			
		Egyptians.	Foreigners.	Total.	Per thousand.	Egyptians.	Foreigners.	Total.	Per thousand.
<i>Governorates.</i>									
Cairo	859,400	43,617	735	44,352	51·6	29,039	603	29,642	34·5
Alexandria	492,100	22,853	1,556	24,409	6	14,186	824	15,010	30·5
Canal { Ismailia ...	28,800	1,503	105	1,608	55·8	874	59	933	32·4
{ Port Said...	89,200	3,632	253	3,885	43·6	2,370	122	2,492	27·9
Damietta	36,600	1,500	—	1,506	41·1	900	1	901	24·6
Suez	34,600	1,464	148	1,612	46·6	921	71	992	28·7
Eastern Desert Province	40,300	1,681	1	1,682	41·7	1,070	2	1,072	26·6
Western Desert Province	5,400	1,255	71	1,326	—	671	2	673	—
Sinai Desert Province	5,400	682	2	684	—	319	1	320	—
TOTAL ...	1,591,800	78,193	2,871	81,064	50·9	50,350	1,685	52,035	32·7
<i>Lower Egypt.</i>									
Beheira	1,002,400	37,636	29	3,657	37·6	21,977	11	21,988	21·9
Daqahliya	1,141,800	50,676	45	50,721	44·4	31,403	39	31,442	27·5
Gharbiya	1,858,400	77,948	60	78,008	42·0	47,279	46	47,325	25·5
Minûfiya	1,217,400	51,856	9	51,845	42·6	32,505	4	32,509	26·7
Qalyûbiya	602,400	25,824	9	25,833	42·9	16,038	8	16,046	26·6
Sharqiya	1,058,700	41,972	22	41,994	39·7	24,884	24	24,908	23·5
TOTAL ...	6,881,100	285,892	166	286,058	41·6	174,086	132	174,218	25·3
<i>Upper Egypt.</i>									
Asyût	1,161,100	52,453	2	52,456	45·2	30,311	9	30,320	26·1
Aswân	273,900	9,093	—	9,093	33·2	6,553	8	6,561	24·0
Beni Suef	551,300	23,028	5	23,033	41·8	12,340	10	12,350	22·4
Faiyûm	587,600	26,398	8	26,406	44·9	18,384	4	18,388	31·3
Girga	1,008,900	43,672	3	43,675	43·3	23,510	—	23,510	23·3
Gîza	623,500	29,199	3	29,202	46·8	16,815	14	16,829	27·0
Minya	886,000	39,017	4	39,021	44·0	24,539	7	24,546	27·7
Qena... ..	965,000	33,814	3	33,817	35·0	18,698	6	18,704	19·4
TOTAL ...	6 057,300	256,674	29	256,703	42·4	151,150	58	151,208	25·0
GENERAL TOTAL ...	14,530,200	620,759	3,066	623,825	43·0	375,586	1,875	377,461	26·0
	9,500								
	14,520,700								

TABLE II.—ANNUAL TOTAL OF BIRTHS AND DEATHS IN THE GOVERNORATES AND CHIEF TOWNS DURING THE YEAR 1926.

GOVERNORATES AND CHIEF TOWNS OF PROVINCES.	Total Population estimated up to July 1, 1926.	BIRTHS.			DEATHS.			MORTALITY OF (CHILDREN.		MORTALITY OF CHILDREN IN HUNDREDS.				
		Egyptians.	Foreigners.	Total.	Per Thousand.	Egyptians.	Foreigners.	Total.	Per Thousand.	Below 1 Year.		1-9 Years.		
										Births.	Deaths.			
GOVERNORATES.														
Cairo	859,400	43,617	735	44,352	51.6	29,039	603	29,642	34.5	9,811	9,921	22.1	33.1	33.5
Alexandria... ..	492,100	22,853	1,556	24,409	49.6	14,186	824	15,010	30.5	4,786	4,975	19.6	31.9	33.1
Ismailia "Town" ..	19,400	981	105	1,086	56.0	606	59	665	34.3	213	244	19.6	32.0	36.7
Port Said	89,200	3,632	253	3,885	43.6	2,370	122	2,492	27.9	664	1,072	17.1	26.6	43.0
Damietta	36,600	1,506	—	1,506	41.1	900	1	901	24.6	196	398	13.0	21.8	44.2
Suez	34,600	1,464	148	1,612	46.6	921	71	992	28.7	370	219	23.0	37.3	22.1
Lower Egypt :—														
Benha	20,400	793	5	798	39.1	459	5	464	22.7	164	115	20.6	35.3	24.8
Damanhûr	54,100	2,661	6	2,667	49.3	1,507	5	1,512	27.9	498	482	18.7	32.9	31.9
Zagazig	45,300	1,904	12	1,916	42.3	1,193	14	1,207	26.6	330	395	17.2	27.3	32.7
Shibin el Kôm	30,000	1,394	6	1,400	46.7	659	1	660	22.0	177	167	12.6	26.8	25.3
Tanta	81,800	3,804	17	3,821	46.7	2,391	27	2,418	29.6	693	691	18.1	28.7	28.6
Manṣûra... ..	55,600	2,394	34	2,428	43.7	1,529	30	1,559	28.0	389	563	16.0	25.0	36.1
Upper Egypt :—														
Aswân	11,700	557	—	557	47.6	458	5	463	39.6	153	119	27.5	33.0	25.7
Asyût	55,900	2,365	3	2,368	42.4	1,951	4	1,955	35.0	656	628	27.7	33.6	32.1
Beni Suef	35,000	1,897	5	1,902	54.3	1,473	7	1,480	42.3	471	527	24.8	31.8	35.6
El Giza	20,900	1,381	—	1,381	66.1	994	2	996	47.7	285	346	27.9	38.7	34.7
Sohâg	22,500	1,243	1	1,244	55.3	1,004	—	1,004	44.6	363	371	29.2	36.2	37.0
El Faiyûm	49,500	2,915	6	2,921	59.0	2,316	3	2,319	46.8	811	884	27.8	35.0	38.1
Kena	25,000	1,365	—	1,365	54.6	1,119	1	1,120	44.8	432	395	31.6	38.6	35.3
El Minya	37,800	2,243	2	2,245	59.4	1,843	2	1,845	48.8	643	668	28.6	34.9	36.2
TOTAL	2,076,800	100,969	2,894	103,863	50.0	66,918	1,786	68,704	33.1	22,205	23,180	21.4	32.3	33.7

VITAL STATISTICS.

Vital Statistics may be considered as the real measure for both Sanitary and Social conditions in the Country ; these are arrived at by comparing the figures obtained from the General Census and from births, deaths, vaccinations and infectious diseases registers with the General State of the Community or Country. In Egypt, the Statistical Department undertakes the collection and classification of figures obtained from the different Sanitary Offices throughout the Country. In recent years the Department of Public Health began to interpret the meaning of these figures in its Annual Report as it has been observed that the insertion of figures without explanation have little or no meaning at all. The aforementioned information is the basis of Vital Statistics in Egypt. Other Countries have begun to make use of further statistics, especially those connected with ordinary diseases, as they are of great importance. As there are no provisions in most Countries imposing the notification of general diseases, these countries depend for such information upon the registers of general practitioners of the Panel System and other Societies who keep registers showing the nature of the disease of their patients. Statistics of general diseases are important factors in aiding the combating of such diseases and result therefore in the lowering of their mortality rate ; a result aimed at by all Sanitary Authorities.

As mentioned above, we depend in our statistics upon the general census, Births and deaths registers, etc., inspite of the inadequate methods of registration in Villages, and even in some of the towns, registration and diagnosis of diseases are two questions worthy of consideration. The Department is taking all measures to improve the present methods of registration in order to obtain statistics as accurate as possible.

POPULATION.

The enumeration of the population in Egypt is conducted every ten years by the Census Department. The first Census conducted on modern lines took place on May 3, 1883, the second on June 1, 1897, the third on April 29, 1907, the fourth on March 7, 1917 and the fifth, which is also the last, took place on February 19, 1927 ; the final has not yet been published. This last Census was carried out according to the latest organisation ; it will be of great help in the interpretation of Vital Statistics.

The following table shows the Statistics of the population of Egypt during the Census years :—

Year.	No. of Pop.	Increase.	Increase per cent.
1882	6,806,381	—	—
1897	9,734,405	2,928,024	{ 43 (in 15 years) or 28·69 (in 10 years)
1907	11,287,359	1,552,954	16 (in 10 years)
1917	12,750,918	1,463,559	12·9 „ „
1927	14,168,756	1,417,838	11·1 „ „

Thus during the ten years (1897–1907) the increase of the population was at an annual rate of 1·6 per cent, while it was 2·9 per cent during the 15 preceding years 1882–1897. If we compare these two rates with the 1·2 per cent annual rate of increase during the period between the two Census years 1907 and 1917 we come to the conclusion that the rate of the gradual increase of population is decreasing. The same phenomenon is observed in all other countries.

The only other Country that resembles Egypt in the gradual increase of its population is Germany, where the increase of the population in 1885 was at the rate of 7 per cent, while in 1890 it was 1·07 per cent and in 1895 it was 1·012 per cent and in 1900 it became 1·5 per cent.

The cause of the greater rate of increase of population in Egypt than in other Countries may be attributed to the higher rate of births in Egypt and to the larger number of emigrants flowing into Egypt every year owing to its Central position, either from a geographic or social position and especially in the years that followed the Great War.

The area of Egypt in 1917 was 35,362 square kilometres, *i.e.*, at the rate of 319 persons to the square kilometre ; in 1907 it was at the rate of 285 persons for every square kilometre, and is now 400 to every kilometre (1927).

It is to be observed that the rate of gradual increase in population during the years after the War is approaching the rate of pre-war years. During the years 1915-1919 the rate decreased owing to the disordered social affairs at that time.

The distribution of the population in towns differs from that in villages while it also differs in the various provinces, being most dense where there is more wealth owing to there being a larger area cultivated. The most thickly populated province in Egypt is Minûfiya, next comes Qalyûbiya, in Lower Egypt ; Girga and Gîza are the most thickly populated provinces in Upper Egypt. The most thickly populated town is Tanta next comes Alexandria.

RURAL AND URBAN POPULATION.

Egypt has always been an agricultural Country, consequently the majority of the population is rural. If we apply the name city when the population exceeds 100,000 persons, there are in Egypt 3 cities : Cairo, Alexandria and Port-Said with a total population of 1,738,730 persons (1927 Census). Next come the Bandars, 17 in number, with a total population of 705,456 persons. The population of any of the Bandars is less than 100,000 ; they have a mixed population of town and Country people.

Table "A" shows the proportion of the population of cities and Bandars during the various census years. From this table it appears that the increase in the population of Cities during the last years is greater than that of the Country. In 1907, the proportion of the inhabitants of cities to those of the Country was 13 per cent ; in 1917 it became 15 per cent while in 1927 it increased to 17 per cent. There is no doubt that the greater part of this increase is due to foreigners emigrating to Egypt and to the fact that most of them live in towns ; it can also be attributed to the progress of civilisation and education in towns, and to the increase in the migration of Country people to the towns in order to earn a livelihood either in industry or in trade.

MALE AND FEMALE POPULATION.

In 1917 Census, the number of males in Egypt was 6,369,517 and that of Female 6,348,738, *i.e.*, an increase of males over females of 20,779.

Table "B" shows the proportion of males to females in the various age groups in each of 1907 and 1917 Census. From this table it appears that males outnumber females up to the age of 20, but after that age females outnumber males up to OLD AGE. This same phenomena is observed in other Countries, and may be due to the fact that more men die in adult and middle life because of the more strenuous and fatiguing life they lead, thus tending to expose them to more risks in life and naturally early deaths.

BIRTHS.

The number of births that were registered in Egypt in 1926 is 623,825, *i.e.*, a birth rate of 43.0 per thousand of population. Table "C" shows the number of births and birth rates in Egypt from 1900 to 1926.

There is no doubt that the birth rate in Egypt during the years 1921-1926 is higher than the birth rate during the war and following years, *i.e.* from 1915 to 1920. The decrease in the birth rate during the War years may be attributed to one or more of the following factors : (1) The disorders of social affairs ; (2) The spread of some Epidemics ; (3) The increase in the cost of living and thus less marriages ; (4) and finally to the great number of young adult Egyptians quitting their towns and joining the Egyptian Labour Corps.

It is to be noted that the birth rate during the inter-census years is calculated upon the estimated population in such years. The population is estimated upon the increase of births over deaths ; such an estimation is often subject to error, thus, the population of Egypt up to July 1, 1925, was estimated to be 14,211,900 while the census population (1927) was 14,168,756.

Thus, any rate calculated upon the estimated population of Egypt will not be reliable especially when they are to be compared with other Countries. Such rates can only be used for local comparison in different years.

The birth rate shows an increase in towns as compared with villages as is evident from table "C, bis" *

* The elements effecting the rise of the birth rate are the proper carrying on of the births registration work, which can be done in towns better than in villages, the increase of the rate of females in the age of fertility (15-45) as well as the increase of the marriage rate.

The number of births per thousand of the population is called the crude birth rate. Such a rate should not be considered in comparing two groups of population differing in their composition as regards age, sex, and other social and sanitary affairs. This crude rate can only be used for local comparison. If we wish to compare the rate of births in two different countries or in two different parts of one country, for example in urban and rural districts, where the population in each differs as regards the number of married, the number of females of child bearing age, etc., such comparison can be made by calculating the number of births to a thousand females at the child bearing age (15–45). This number can be obtained from the Census returns; it may be considered as constant during the intercensus years. As is seen from this table, the birth rate in towns is higher than in villages. To show the effect of civilization upon the birth rate, it is necessary to compare the birth rate of Cairo, the most civilized town in the Country, with that of a smaller town which is semi-civilized and contain a large number of the peasant population, *i.e.* in Cairo, the birth rate in 1926 was 51·7 per thousand while in Tanta it was 46·7.

BIRTH RATES IN GOVERNORATES AND BANDARS.

The highest birth rate in the Governorates was at Ismailia, being 56 per thousand in 1926 while in 1925 it was 51·9.

In the Bandars of Lower Egypt, the highest birth rate in 1926 was at Damanhûr and Tanta being 49·3 and 46·7 per thousand respectively while in 1925, the highest birth rate was at Damanhûr being 48 per thousand of population.

In Upper Egypt, the highest rate, 66·1 per thousand, was at Gîza; in 1925 it was 64·6 per thousand at the same Bandar.

It is to be noted that the birth rate at Gîza for several years past was the highest of all the Bandars of Lower and Upper Egypt as well as the Governorates.

The highest birth rate during the ten years, 1901–1910, in Governorates and Bandars was 56·7 per thousand of the population at Ismailia, 55·8 per thousand at Damietta, and 49·7 per thousand at Zagazîg.

DISTRIBUTION OF BIRTHS DURING THE YEAR.

The distribution of births during the 12 months of the year is shown in table “D” and it will be noted that the highest birth rate was in January, February and March, *i.e.* the birth rate was higher during the winter than during the summer.

DEATHS.

The number of deaths, registered in Egypt during 1926 was 377,461, *i.e.*, a death rate of 26·0 per thousand of the population.

The number of deaths and also the death rate in the different parts of Egypt during the last five years is as follows:—

	1921		1922		1923		1924		1925	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Governorates ...	41,135	29·6	43,775	31	47,316	33	45,550	31·1	52,948	35·5
Lower Egypt ...	166,624	26·5	153,033	23·9	166,257	25·6	157,304	23·8	161,607	24
Upper Egypt ...	125,344	22·7	140,933	25	137,670	24	139,080	23·8	153,046	25·7
Total Egypt ...	334,439	25·3	339,114	25·2	252,633	25·7	343,864	24·6	369,385	26

It will be noticed that the death rate in Egypt has remained almost unchanged since 1921, though the sanitary conditions in Egypt have doubtless improved year by year since this date.

Some epidemic diseases have been entirely stamped out, *e.g.* Relapsing Fever; while others are in process of being eliminated, *e.g.* Typhus Fever. The death rate of other epidemic diseases have greatly decreased owing to the immunity obtained by vaccination, etc., thus a decrease in the death rate is to be expected. It must not be forgotten however that the progress of public health conditions of the Country together with the sanitary control exercised have led to the improvement in the registration of Births and Deaths; also the notification of infectious diseases in Villages has become more accurate; cases of

secret burial are now rare. The Department is sub-dividing Markazes, appointing a Medical Officer to each sub-division and insisting upon the examination of as great a number of deaths as possible by the Doctors themselves, all such measures tend to improve the methods of registration and therefore the increase of the number of declared and registered deaths, especially among infants whose registration was previously neglected.

To be accurate, we should examine the rate of deaths in Governorates and Bandars where the notification, diagnosis and registration of deaths are carried out more carefully than in villages.

In Cairo, the death rate (1891–1925) has always been between a minimum of 27·8 per thousand of population (1897, 1895, 1924) and a maximum of 38 per thousand of population in ordinary years. Sudden increase above that level was always due to abnormal conditions ; *e.g.* either to the spread of epidemics or to a disorder of social conditions as in the Great War.

The following table shows the average death rate in certain year periods :—

Periods.	Death rate per 1000 of population.
1901–1910 ...	38·8
1911–1915 ...	39·4
1916–1920 ...	41·1 (The Great War, Typhus and In- fluenza epidemics)
1921–1926 ...	34·4

As a matter of fact, the death rate in Egypt was lower in the years that succeeded the War than previous to the War, a fact that speaks well for the improvement of Sanitary Conditions during the last few years.

The death rate at Mansûra Bandar was about 30 or more per thousand of the population up till 1920, after that, the rate began to decrease and varied from 24 to 28 per thousand population ; this was due to the improvement of health conditions owing to the introduction of a Public drainage system at Mansûra after 1920, and the connecting up of most of the buildings to the Public Sewers in spite of the fact that there is no legal compulsion to do so.

The following table shows the death rate in the Principal Bandars during the year periods recorded below :—

Years 1901–1910.	Years 1911–1920.	Years 1921–1925.
38·2	38·4	32·8

This shows clearly the real decrease in the death rate in Egypt ; the continuation of such a decrease is assured during future years owing to the numerous sanitary schemes which the department intends to execute gradually in the following years.

DEATH RATE IN TOWNS AND PROVINCES.

The death rate in Towns and Bandars is far higher than in the Provinces. This is shown clearly in Table “ E ” for the year 1925. In Beheira (*i.e.* all Districts with the exception of Damanhûr Bandar), the death rate was 22 per thousand ; but in Damanhûr the rate was 35·1 per thousand. In Gharbîya, the rate in the Districts was 25·2 per thousand and in Tanta Bandar 35 per thousand.

COMPARISON OF DEATH RATES IN UPPER AND LOWER EGYPT.

The death rate in Lower Egypt is lower than that in Upper Egypt. The death rate in Lower Egypt in 1926 was 30 per thousand population but in Upper Egypt it was more than 35 per thousand population while in some of the Bandars it was as high as 48·8 per thousand population (Minya Bandar).

The following table shows the death rate in Upper and Lower Egypt during the periods 1911–1920 and 1921–1925 :—

Bandar.	1911–1920	1921–1925
	per thousand	per thousand
Damanhûr	35·1	31·3
Mansûra	34·2	26·1
Shibîn el Kôm	26·4	22·8
Tanta	42·4	31·0
Zagazig	36·6	28·4
Benha	27·6	25·7
Asyût	44·8	33·1
Aswân	42·5	37·4
Beni Suef	35·3	39·0
Faiyûm	46·8	42·1
Giza	48·1	42·3
Minya	47·8	42·2
Qena	52·6	42·9
Suhâg	43·3	41·6

The causes of such difference might be due to the fact that Sanitary as well as climatic conditions are more favourable in Lower Egypt than in Upper Egypt. It is to be observed that these crude rates include the infantile deaths and it is well known that the death rate among infants in Upper Egypt is much higher than in Lower Egypt.

DISTRIBUTION OF DEATHS DURING THE YEAR.

During Summer the number of deaths in Egypt increases considerably owing to the prevalence of Gastro-enteritis and fevers ; as the climate is more favourable then for the growth of the Bacteria which causes such diseases. The death rate shows an increase in April and reaches its maximum in July ; it then decreases again until October, after which it shows a slight increase in November, December and January owing to the prevalence of diseases of the Respiratory system during these months. The lowest death rate is usually in February, in which month climatic conditions in Egypt are at their best (see table “ F ”).

CLASSIFICATION OF DEATHS BY AGES.

Table “ G ” shows the number and death rates among males and females respectively at different ages.

DEATH RATES OF CERTAIN DISEASES.

The cause of death is certified only in Governorates and chief towns of Provinces and Districts where Medical Officers are charged with the examination of all deaths. In the Villages the Barbers and Midwives have to examine the deaths in which there is no suspicion of criminal intent or epidemic diseases. They then fill up the death certificates and certify all such deaths as “ Ordinary Deaths.” Such deaths form the great majority throughout the Country and it is thus evident that no true statistics as regards the spread of infectious diseases or the rate of deaths of a certain disease can be obtained for the whole country. We therefore rely mostly upon the Statistics obtained from Bandars and chief towns. The figures on next page are for the years 1924 and 1925, as those for 1926 are not yet published.

	Deaths 1925.		Deaths 1924.	
	Number.	Rate per thousand.	Number.	Rate per thousand.
1. Notifiable Infectious Diseases. The cause of increase in 1925 was due to the prevalence of Measles specially in Cairo and Alexandria	3,230	1·6	1,697	0·86
2. Non-Notifiable Infectious Diseases	41	0·02	50	0·02
3. Tuberculous Diseases of the Lungs	1,864	0·092	1,839	0·93
4. Other Tuberculous Diseases	449	0·22	430	0·22
5. Malignant Tumours	498	0·25	502	0·25
Most of these deaths occurred in Cairo and Alexandria.				
6. Non-Malignant Tumours	84	0·04	32	0·02
7. Syphilis	220	0·11	270	0·14
The largest rate of deaths from Syphilis was in Gîza being 0·54 per thousand of population during 1925 although it was 0·14 per thousand in 1924. There is no doubt that this decrease was due to wrong diagnosis. In Egypt, most deaths from Syphilis (congenital) were among the infants between 0-5 years age, amounting to 175, while in other ages was 35 only.				
8. Gonorrhœa	—	—	2	—
9. Malaria	18	0·1	22	0·01
Malaria is Non-notifiable disease; most deaths from this disease in 1924 and 1925 occurred at Damanhûr and Faiyûm.				
10. Dysentery	1,325	0·66	995	0·50
There is no doubt that the true death rate from Dysentery in Egypt is greater than is shown by these figures. In the case of deaths of children they are shown under enteritis and the severe debility accompanying it. This disease has not been made, up to the present, a notifiable infectious disease, but it will be included in the list of notifiable infectious diseases in the near future, a measure which will undoubtedly help in obtaining more accurate statistics with regard to Dysentery.				
11. Kala Azar	—	—	—	—
12. Bilharziosis	111	0·06	156	0·08
13. Ankylostomiasis	29	0·01	24	0·01
Most of the deaths scheduled under general debility, Anæmia and Gastro-enteritis are in reality due to some extent, either directly or indirectly, to Bilharzia and Ankylostoma especially in places where these two diseases are more prevalent.				
14. Acute Nephritis	757	0·37	673	0·34
15. Chronic Nephritis	903	0·45	773	0·39
16. Gynæcological Diseases	55	0·03	52	0·03
17. Non venereal Diseases of the genito-urinary System in the male	124	0·06	140	0·07
18. Other diseases of the genito-Urinary System ...	232	0·11	194	0·10
19. Valvular Diseases of the Heart	207	0·10	267	0·13
20. Aneurism	—	—	5	0·00
21. Other diseases of the Heart and blood vessels ...	3,417	1·69	3,387	1·71
22. Appendicitis	56	0·03	52	0·03
23. Hernia	106	0·05	90	0·04
24. Gastro-enteritis (Children below five years) ...	22,115	10·95	17,251	8·70
25. Other diseases of the Alimentary System	1,407	0·70	1,468	0·74
26. Puerperal Septicæmia	119	0·06	152	0·08
27. Other diseases and Accidents of the puerperium ...	123	0·06	149	0·07
28. Cerebral hæmorrhage and embolism	567	0·28	506	0·26
29. Diseases of the Brain, Nervous system and special senses	1,732	0·86	1,722	0·87

	Deaths 1925.		Deaths 1924.	
	Number.	Rate per thousand.	Number.	Rate per thousand.
30. Diseases of Liver and spleen	316	0·16	294	0·15
31. Diseases of the Skin and Cellular tissues	266	0·13	312	0·16
32. Diseases of bones and joints	977	0·48	987	0·50
33. Diseases of the blood	135	0·07	133	0·07
34. Rheumatism and gout	74	0·04	85	0·04
35. Diabetes	272	0·13	277	0·14
36. Rabies	7	—	6	—
37. Septicæmia and pyæmia	215	0·11	192	0·10
38. Alcoholic and chronic poisonings	5	—	5	—
39. Gangrene	154	0·08	177	0·09
40. Senility	5,172	2·56	4,738	2·39
41. Deaths from accidents	1,824	0·90	1,673	0·84
42. „ „ Suicide... ..	80	0·04	77	0·04
43. „ „ Homicide	370	0·19	361	0·18
44. Other causes of Deaths	9,367	4·64	9,210	4·64

It will be seen therefore that it would not be correct to consider these figures and rates as a true basis for comparison between Egypt and other Countries, as these figures are only for towns and Bandars which form only a small proportion (about a sixth) of the whole population of Egypt.

It appears from the above table that most of the deaths in Bandars and towns were due to the following diseases in numerical order of deaths.

Gastro-Enteritis occurring among children.

Other causes of deaths.

Senility.

Other diseases of the heart and blood vessels.

Notifiable Infectious Diseases.

Tuberculous Diseases.

Other diseases of brain.

Deaths from Accidents.

It is necessary to mention here that such an order should not be relied upon because most of the deaths are diagnosed by Medical Officers of Health after death. In such cases it is very difficult to come to a decision as to the real cause of death. It is to be observed that the number of deaths shown under the heading “ Other Causes of Deaths ” is very large, because most of such deaths are certified in Bandars (Chief Towns) in some cases, in Ezbas (farms) attached thereto, and in some localities belonging to cities, by the village barber or midwife as ordinary deaths (el Aade) *i.e.* neither criminal nor infectious, such bodies are examined by Medical Officers.

INFANTILE MORTALITY.

The number of deaths of infants (under one year) registered in Egypt during 1926 is 91,304 and the infantile Mortality rate is therefore 146 per 1,000 births.

The following table shows the Infant mortality rates for Egypt and England respectively during the last seven years :—

Years.	Egypt.	England.
1919	128	89
1920	137	80
1921	133	83
1922	139	77
1923	143	69
1924	150	75
1925	155	75

In appears from this table that the Infantile Mortality rate in England is constantly decreasing while in Egypt it is increasing. This must be due to the great efforts directed towards child welfare in England. The birth rate may have, to some extent, an effect on the Infantile Mortality rate, this will be discussed later.

The following table shows the birth rate and Infantile Mortality rate in the chief towns during the aforesaid periods:—

RATE OF INFANTILE MORTALITY IN CHIEF TOWNS.

TOWN.	Year 1925.		Year 1926.		Years 1921-1925.	
	B.R.	D.R.	B.R.	D.R.	B.R.	D.R.
Cairo	50·3	243	51·6	221	50·5	234
Alexandria	47·4	243	49·6	196	48·5	213
Damietta	42·5	130	46·1	130	43·9	141
Tanta	44·6	213	46·7	181	46·2	190
Shibîn el Kôm	46·7	126	46·7	126	49·1	141
Gîza	64·6	257	66·1	279	62·9	278
Port Said	44·1	168	43·6	171	46·2	159
Ismailia	51·9	211	56·0	196	52·5	175
Minya	54·6	327	59·4	286	55·6	288
Asyût	45·1	265	42·4	277	47·2	254

It appears therefore that the increase in the birth rate has no apparent effect on the Infantile Mortality rate as it will be observed that while the birth rate increases annually in some of the Chief Towns, the Infantile Mortality rate is at the same time decreasing, and vice versa in other towns.

An important factor in the high rate of Infant Mortality in Egypt is the intense heat of the Summer Months ; in Countries with a temperate climate this factor has not to be reckoned with.

The following table shows the difference between the rate of Infantile Mortality in the towns of Lower Egypt and those of Upper Egypt. The Infantile diseases prevailing during the summer months are amongst the aggravating causes of Infantile Mortality. The ignorance of mothers contributes in large measure to this state of affairs, as a large amount of disease resulting from summer heat can be avoided (*e.g.* enteritis), if mothers are educated in the welfare of their babies, and the avoidance of habits contrary to health principles.

It was previously mentioned that the Infantile Mortality rate in Egypt was 155 per thousand births in 1925 ; this rate cannot be considered as a common basis for comparison between Egypt and other countries, owing to the same reasons mentioned previously, moreover in the villages we obtain no true record of Infantile deaths. It invariably appears that the rate of Infantile Mortality in the chief towns is higher than that of their respective provinces as shown in the following table :—

Province.	Rate Inf. Mort.	Towns.	Rate Inf. Mort.
Beheira	109	Damanhûr	231
Daqahlîya	121	Mansûra	178
Minûfiya	147	Shibîn el Kôm	128
Asyût	174	Asyût	266
Gîza	163	Gîza	257
Faiyûm	201	Faiyûm	320

The great difference shown between the Infantile Mortality rate in the chief town of the Provinces and that in the respective Provinces is due to the condition of registration in villages and to the fact that most of the Infantile deaths are not reported. The difference is quite clear in the case of Beheira Province where a great number of Arabs reside ; the latter object to report deaths especially among Infants, and thus the Infantile rate in Beheira Province is only 109 per thousand of births.

This difference in Infantile Mortality rate in the provinces makes the general Infantile Mortality of Egypt appears too low to be considered as a basis for comparison.

INFANTILE MORTALITY DURING THE MONTHS OF THE FIRST YEAR.

The Infantile Mortality rate in Egypt is higher during the second six months of the first year of life. In England, as well as other countries, the Infantile mortality rate is higher in the first months than later on. This higher Infantile Mortality rate in the second six months in Egypt is due to the ignorance of mothers in the proper way of bringing up infants.

INFANTILE MORTALITY RATES IN GOVERNORATES AND CHIEF TOWNS OF PROVINCES.

	Less than 1 month.	From 1-3.	From 3-6.	From 6-12.
Egypt 1925	23	18	21·5	42·8
England 1925	32	13	11	19
England 1905	41	25	25	37

This table shows that the Infantile Mortality rate in Egypt directly after birth (during the first month) is only 23 per thousand births, which in fact is not considered high. This shows that the infants at the time of birth are not exposed to danger as they are in their later life in spite of the lack of care taken of the mother before delivery and during the nursing period.

The increase of deaths amongst Infants in the last months of the first year of life clearly shows that the chief cause is the ignorance of mothers of how to nurse and care for their babies as previously mentioned. It is to be hoped that such preventible causes will be removed when the child welfare schemes, whose aim is the education of mothers, are extended over the whole country.

The death rate among Infants increases in the Summer months as shown by the graph B which indicates the number of deaths among Infants in each month of the year. It is to be observed that most deaths among Infants occur between May and September.

STILL-BIRTHS.

The-still birth rate differs in every district of Egypt especially in Governorates and Provinces, being higher in the former, in the latter, the notification of still-births is neglected by the Peasants.

Governorates.	S.-B. R. per 1000.	Provinces.	S.-B. R. per 1000.
Cairo	28·3	Beheira	5·6
Alexandria	22·5	Daqahliya... ..	8·3
Ismailia	27·7	Gharbîya	9·2
Port Said	28·8	Qalyûbîya... ..	9·1
Damietta	40·8	Gîza	5·5
Suez	20·1	Qena	4·8
		Minya	4·1
		Faiyûm	8·6
		Beni Suef... ..	3·3

The importance of still-births is due to the fact that they are mostly due to Congenital Syphilis. Generally speaking, the number of still-births in Egypt is less than in other countries.

CAUSES OF DEATHS AMONG INFANTS.

The causes of death is only certified in the chief towns (Bandars) in which Medical Officers are stationed as previously stated. The following rates are for Bandars only:—

In the year 1925 the Infantile Mortality rate from infectious diseases in Cairo was 4·68 per thousand births, which is higher than that of the last few years. In Alexandria the rate was 2·64 per thousand of births. In other Bandars the rate varied between 1 and 24·91 per thousand of births.

It is worth noting that the highest rate of deaths is due to Gastro-Enteritis and Congenital Debility. There is no doubt that these figures are unreliable as the rate of deaths among Infants, due to Debility, varies so widely in the different Bandars. In Alexandria, the rate is 68·44 per thousand births while it is 129·6 in Damanhûr, 48·9 in Aswân, and 127·7 in Qena; there is no obvious reason why the number of deaths from Congenital Debility in one town should exceed that in another to such an extent.

The following table shows the Infantile Mortality rates from certain diseases in different towns :—

Bandar.	Inf. M. rate all diseases.	R. of D. Cong. Deb.	R. of D. G. Ent.	R. of D. Bronch. and Pneu.
Gîza	256·6	104·15	61·89	27·17
Beni Suef	266·03	18·66	108·72	57·12
Benha	206·60	50·12	133·25	31·45
Minya	329·08	46·10	154·49	55·43

We find that the death rate from Debility in Beni Suef and Minya is considerably lower than that in Gîza, while the Infantile Mortality rate from Gastro-Enteritis in Gîza is considerably lower than that of Benha, Beni Suef and Minya.

It is to be noted also that in some Bandars deaths from certain diseases, *e.g.* of the kidney, heart, liver and spleen, Syphilis and Tuberculosis, do not appear in the Registers although they are recrded in the Registers of neighbouring towns.

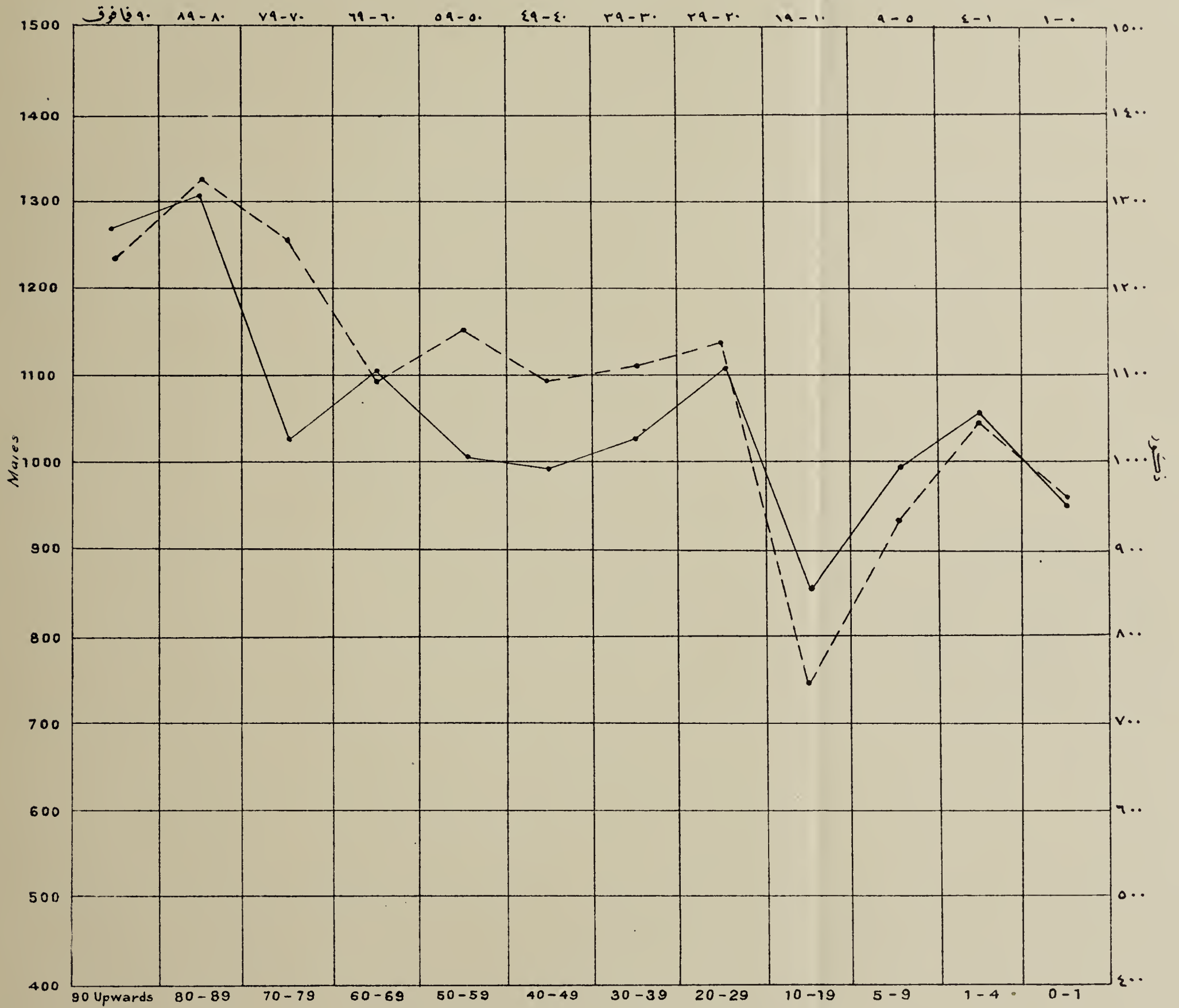
The main object in registering still-births is for the purpose of assisting child welfare and maternity work, the aim being to eliminate the causes leading to much births.

TABLE A.—NUMBER OF POPULATION.

PLACE.	Year 1907.	Year 1917.	Year 1927.
EGYPT	11,287,359	12,750,918	14,168,756
<i>Cities.</i>			
Cairo	676,321	790,939	1,059,824
Alexandria	357,092	444,617	570,334
Port Said	50,959	75,483	108,592
<i>Bandars (Chief Towns).</i>			
Ismailia	10,373	15,507	25,085
Suez	18,347	30,996	39,166
Damietta	29,354	30,984	34,812
Damanhûr	38,752	40,661	51,720
Shibîn el Kôm	21,576	24,604	27,335
Mansûra	40,279	49,238	62,815
Tanta	54,437	74,195	89,712
Zagazig	37,815	42,942	52,351
Gîza	16,487	18,714	26,773
Benha	15,182	18,607	28,412
Beni Suef	23,357	31,986	39,478
Faiyûm	37,320	44,400	52,372
Minya	27,390	34,945	43,973
Asyût	44,106	51,431	57,036
Sohâg	17,514	20,760	24,991
Qena	2,069	22,958	27,523
Aswân	13,868	12,516	16,366
TOTAL CHIEF TOWNS	1,084,372	1,311,139	1,738,730
TOTAL BANDARS	466,226	565,444	699,920
TOTAL	1,550,598	1,876,583	2,438,650
RATE	16 %	17 %	21 %

نسبة عدد الذكور والإناث في تعدادي ١٩٠٧ - ١٩١٧
 نسبة الإناث إلى الألف من الذكور حسب فئات الأعمار
Rates of males & females in 1907 & 1917 Census

Rates of females to 1000 males according to age distribution



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اناث تعداد سنة ١٩١٧ —————
 « 1907 » - - - - -

TABLE C.—SHOWING TOTAL NUMBER OF BIRTHS AND DEATHS AND THEIR RATES
IN EGYPT FROM 1900-1926.

YEAR.								No. Registered Births.	R. B.	No. Deaths.	Rate Deaths.
1900	...	...	...	...	...	...	...	398,324	41·6	225,108	23·4
1901	...	...	...	...	...	...	...	401,902	41·2	217,929	23·0
1902	...	...	...	...	...	...	...	425,672	42·9	272,630	27·5
1903	...	...	...	...	...	...	...	433,807	43·1	236,011	23·4
1904	...	...	...	...	...	...	...	472,136	46·2	278,003	27·2
1905	...	...	...	...	...	...	...	456,843	44·0	262,946	25·3
1906	...	...	...	...	...	...	...	481,641	45·7	263,179	24·9
1907	...	...	...	...	...	...	...	483,915	45·3	301,026	28·2
1908	...	...	...	...	...	...	...	508,827	46·9	283,069	26·1
1909	...	...	...	...	...	...	...	482,957	43·9	305,210	27·7
1910	...	...	...	...	...	...	...	504,688	45·2	305,076	27·3
1911	...	...	...	...	...	...	...	506,947	44·8	325,460	28·8
1912	...	...	...	...	...	...	...	508,180	44·3	294,964	25·7
1913	...	...	...	...	...	...	...	507,442	43·6	309,499	26·6
1914	...	...	...	...	...	...	...	522,467	44·2	333,133	28·2
1915	...	...	...	...	...	...	...	520,033	43·3	349,644	29·2
1916	...	...	...	...	...	...	...	506,350	41·6	376,359	31·0
1917	...	...	...	...	...	...	...	513,722	40·3	376,149	29·5
1918	...	...	...	...	...	...	...	502,905	39·0	512,100	39·7
1919	...	...	...	...	...	...	...	493,507	38·3	383,872	29·8
1920	...	...	...	...	...	...	...	558,609	42·8	369,912	28·4
1921	...	...	...	...	...	...	...	558,898	42·3	334,439	25·3
1922	...	...	...	...	...	...	...	582,627	43·2	339,114	25·2
1923	...	...	...	...	...	...	...	588,855	43·0	352,633	25·7
1924	...	...	...	...	...	...	...	604,650	43·3	343,864	24·6
1925	...	...	...	...	...	...	...	607,564	42·8	369,385	26·0
1926	...	...	...	...	...	...	...	623,825	43·2	377,461	26·2

Graph showing comparison of rate of births during
1925 in Provinces & Bandars of Egypt.

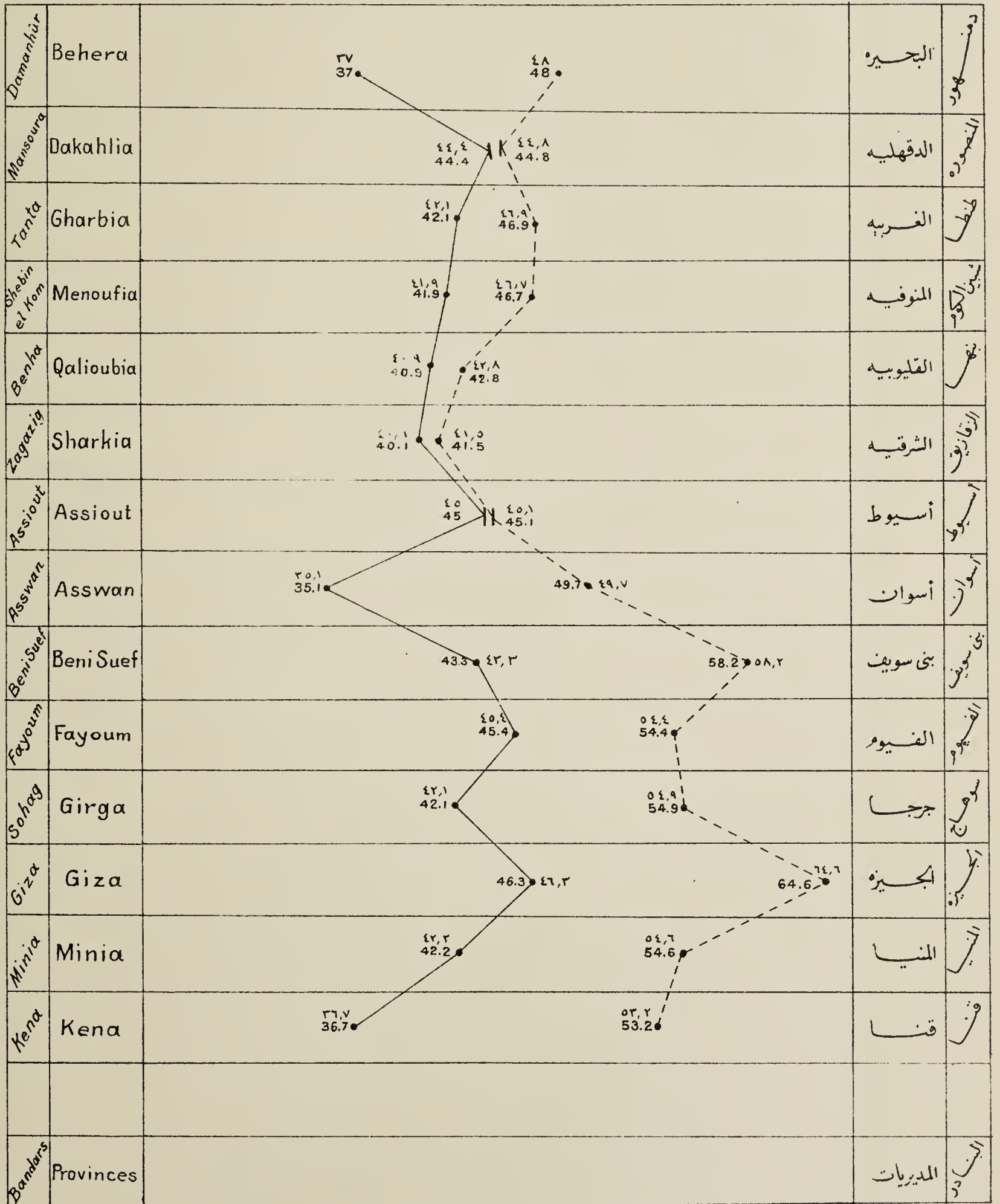


TABLE C. (*bis*).—BIRTH-RATES BY TOWNS AND DISTRICTS DURING 1924-1925.

PLACE.	1925		1924	
	Bandar.	Markaz.	Bandar.	Markaz.
Damanhûr	48·0	38·4	46·9	37·0
Mansûra	44·4	45·7	45·5	44·5
Tanta	44·6	42·0	46·9	41·7
Shibîn el Kôm	46·7	42·2	49·0	43·5
Benha	40·9	44·9	40·4	46·1
Zagazig	41·5	39·3	44·0	39·9
Asyût	45·1	47·2	47·8	47·8
Aswân	49·7	36·4	47·3	38·7
Beni Suef	58·2	41·8	56·5	43·5
Faiyûm	54·2	45·0	59·6	49·1
Sûhâg	54·9	41·5	58·3	41·1
Gîza	64·6	46·9	52·8	47·3
Minya	54·6	41·4	57·8	42·9
Qena	53·2	35·0	57·9	35·9

TABLE D.—BIRTH-RATES DURING MONTHS OF THE YEAR.

MONTH.	1921	1922	1923	1924	1925
January	43·5	46·9	45·4	48·4	44·7
February	40·9	41·7	41·3	45·1	42·4
March	44·6	44·4	45·1	44·6	44·4
April	40·9	44·1	42·0	42·8	43·0
May	40·2	42·1	41·7	44·0	43·1
June	40·4	42·3	40·5	31·2	38·8
July	42·7	42·5	42·3	42·3	40·7
August	43·0	44·6	44·0	43·5	42·8
September	42·6	42·6	42·2	40·2	41·6
October	42·6	42·4	42·4	40·7	42·6
November	41·3	41·9	43·0	42·0	43·3
December	43·6	43·4	46·0	44·7	45·7

Table E

جدول هـ

مقارنة نسبة الوفيات في الألف من السكان سنة ١٩٢٥ في المديريات والبنادر
Comparison of rate of deaths per thousand population
for 1925 in Provinces & Chief towns (Bandars)

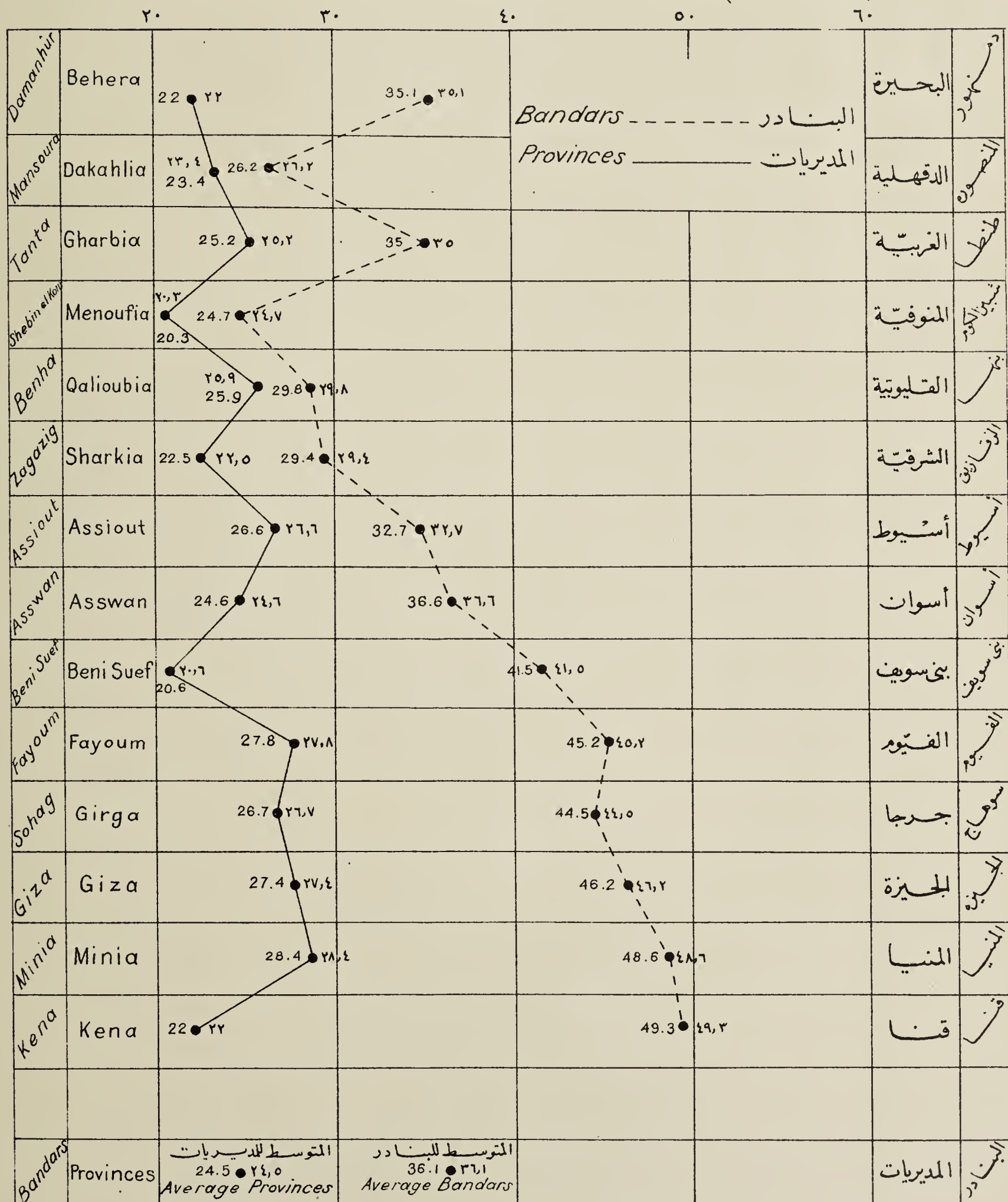


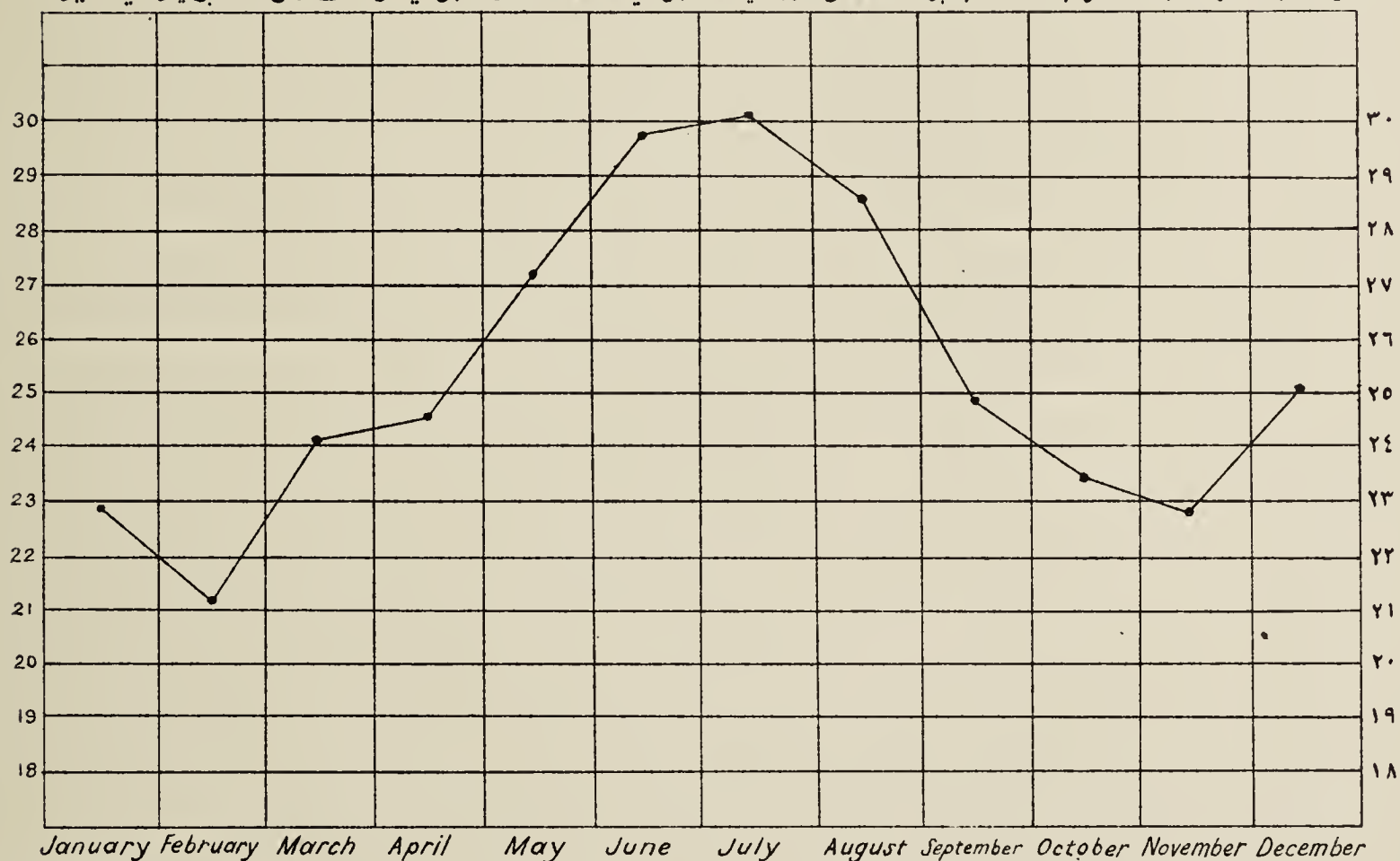
Table F

جدول و

متوسط نسبة الوفيات في أشهر السنة بالقطر المصري في الألف من السكان

*Average death rate of Egypt in months
of the year per thousand population*

ديسمبر نوفمبر أكتوبر سبتمبر أغسطس يوليه يونيه مايو أبريل مارس فبراير يناير



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TABLE G.—DEATH-RATE AT DIFFERENT AGE PERIODS AMONG MALES AND FEMALES
(1922-1925).

YEARS.	Below one Year.				From 1-4 Years.			
	Males.		Females.		Males.		Females.	
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
1922... ..	47,458	3·5	33,945	2·5	51,192	3·8	40,422	3·0
1923... ..	48,183	3·5	36,154	2·6	59,580	4·3	50,350	3·7
1924... ..	51,571	3·7	38,927	2·8	48,188	3·5	41,029	2·9
1925... ..	53,473	3·8	40,774	2·9	60,482	4·2	52,301	3·7
From 5-9 Years.				From 10-19 Years.				
1922... ..	8,446	0·6	6,201	0·5	12,069	0·9	6,484	0·5
1923... ..	8,817	0·6	6,586	0·5	11,624	0·8	6,346	0·5
1924... ..	7,457	0·5	5,694	0·4	11,000	0·8	6,381	0·5
1925... ..	8,459	0·6	6,322	0·4	10,252	0·7	6,088	0·4
From 20-29 Years.				From 30-39 Years.				
1922... ..	11,259	0·8	6,179	0·5	11,695	0·9	7,611	0·6
1923... ..	10,249	0·7	5,990	0·4	10,755	0·8	7,133	0·5
1924... ..	10,238	0·7	5,960	0·4	10,984	0·8	7,621	0·5
1925... ..	9,818	0·7	5,762	0·4	10,499	0·7	7,136	0·5
From 40-49 Years.				From 50-59 Years.				
1922... ..	9,701	0·7	6,114	0·5	8,825	0·7	5,270	0·4
1923... ..	9,205	0·7	5,752	0·4	8,103	0·6	4,799	0·4
1924... ..	9,447	0·7	5,927	0·4	8,489	0·6	5,153	0·4
1925... ..	9,214	0·6	5,666	0·4	8,325	0·6	4,932	0·3
From 60-69 Years.				From 70-79 Years.				
1922... ..	9,123	0·7	5,794	0·4	8,651	0·6	6,616	0·5
1923... ..	8,459	0·6	5,632	0·4	8,170	0·6	6,386	0·5
1924... ..	8,832	0·6	5,884	0·4	8,847	0·6	6,992	0·5
1925... ..	8,637	0·6	5,796	0·4	8,669	0·6	7,008	0·5
From 80-89 Years.				From 90-99 Years.				
1922... ..	7,739	0·6	8,281	0·6	8,524	0·6	11,517	0·9
1923... ..	7,399	0·5	8,025	0·6	7,891	0·6	11,043	0·8
1924... ..	8,127	0·6	8,947	0·6	9,203	0·7	12,966	0·9
1925... ..	7,982	0·6	8,848	0·6	9,469	0·7	13,393	0·9

Table H

جدول ح

عدد وفيات الأطفال في شهور السنة

Monthly Infantile Mortality Cases

ديسمبر نوفمبر أكتوبر سبتمبر أغسطس يولييه يونيه مايو إبريل مارس فبراير يناير

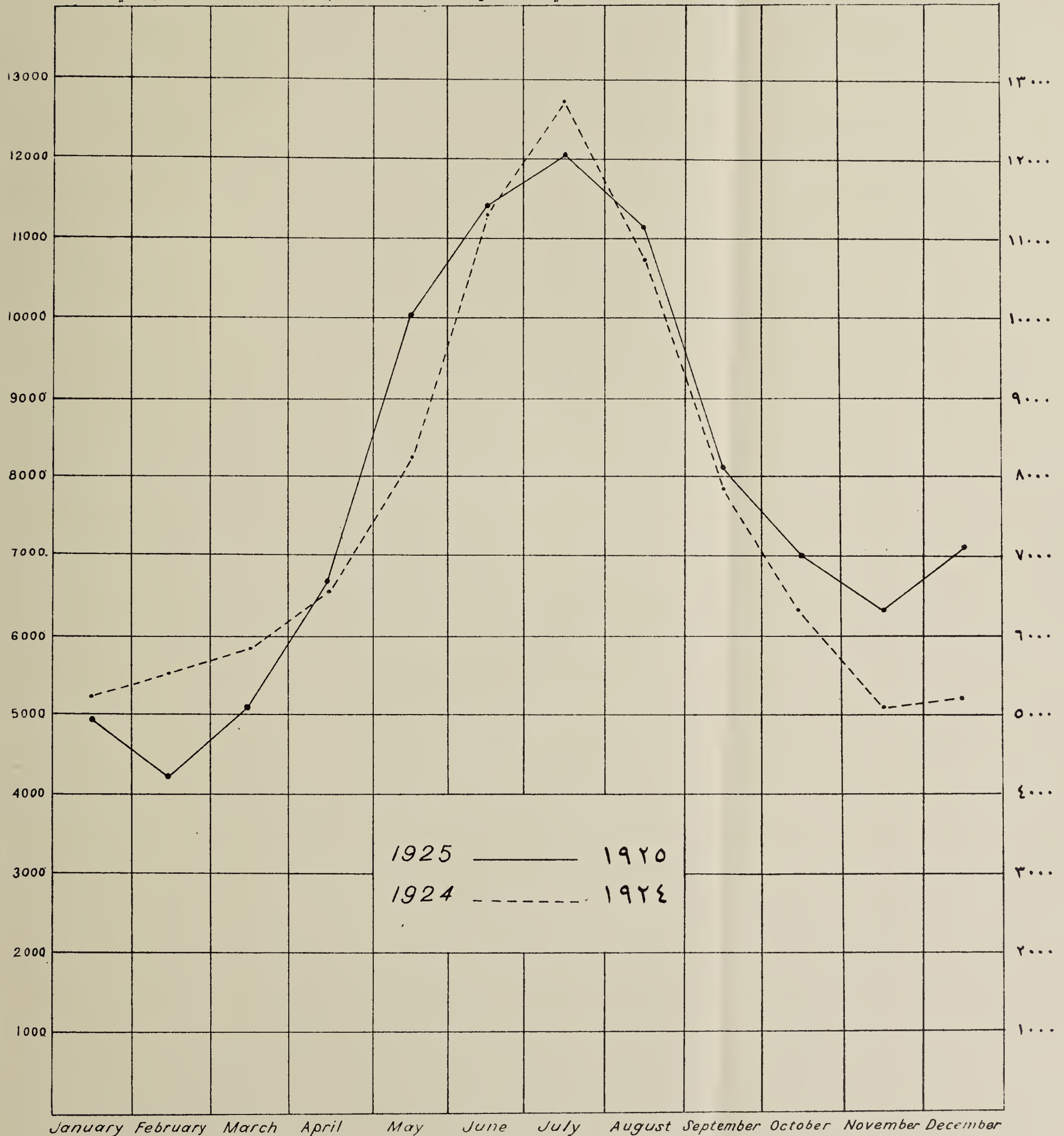


TABLE I.—SHOWING NUMBER OF BIRTHS AND DEATHS AMONG INFANTS IN BANDARS OF GOVERNORATES AND PROVINCES DURING 1925.

Bandar.	Deaths below one year.			
	No. Births.	No. Deaths.	R. of B. per thousand.	Rate of Deaths per thousand.
Cairo	41,180	9,938	241·3	326
Alexandria	23,074	5,341	231·5	303
Port Said	3,853	646	168	309
Ismailia	987	208	211	578
Damietta	1,520	197	130	259
Suez	643	443	270	363
Benha	826	169	205	291
Damanhûr	2,561	591	231	313
Mansûra	2,422	432	178	301
Shibîn el Kôm	1,365	175	128	296
Tanta	3,612	768	213	271
Zagazig	1,857	391	211	297
Asyût	2,494	663	266	346
Aswân	572	176	308	418
Beni Suef	2,002	532	266	373
Faiyûm	2,657	849	320	383
Gîza	1,325	340	257	359
Minya	2,052	671	327	367
Qena	1,324	478	361	389
Sohâg	1,224	357	292	360

TABLE I. (*contd.*).—SHOWING NUMBER OF BIRTHS AND DEATHS AMONG INFANTS IN BANDARS OF GOVERNORATES AND PROVINCES DURING 1925.

Bandar.	Deaths from one year up to 4 years.		
	No. Deaths.	Rate of deaths per thousand.	Total rate of deaths in 4 years age per 1,000.
Cairo	10,223	340	670
Alexandria	6,380	375	688
Port Said	583	279	358
Ismailia	129	234	168
Damietta	214	282	542
Suez... ..	375	316	685
Benha	208	357	649
Damanhûr	655	350	665
Mansûra	334	233	538
Shibîn el Kôm	103	171	468
Tanta	959	339	610
Zagazig	388	296	595
Asyût	572	299	645
Aswân	84	201	621
Beni Suef	378	266	639
Faiyûm	722	325	709
Gîza	323	341	700
Minya	612	335	703
Qena	410	334	723
Sohâg	329	332	692

2.—UNHEALTHY, BADLY CONSTRUCTED AND DANGEROUS ESTABLISHMENTS.

The number of applications for licences, for Establishments falling under class I, dealt with during 1926 was 877 as compared with 749 in 1925, 735 in 1924 and 626 in 1923.

Statistical table No. 3 shows in detail the types of 1st class Establishments proposed for licensing and dealt with in 1926.

The total number of Ministerial Arrêtés, laying down additional conditions to improve the sanitary condition of various existing Establishments approved by the administration during 1926, was 285.

These *arrêtés* are shown in detail in Table No. 4.

A general statistical table No. 5 showing the number of all types of Establishments licenced under the Health Division of the Schedule of "Etablissements Insalubres" and existing in the whole of Egypt up to December 31, 1926, is inserted on pages 26-29.

It will be seen from this table that the number of 1st class establishments is 4,824. 2nd class 54,780 and 3rd class 8,731, the total number of the three classes being 68,335.

Certain trades required certain sanitary measures in the interests of Public Health; four ministerial *arrêtés* were therefore issued in the course of 1926 adding new trades to the schedule; two other *arrêtés* modifying the headings of certain kinds of establishments in the said schedule, were also issued.

In addition, owing to progress in several localities, six ministerial *arrêtés* have been issued adding 23 villages to the schedule of the towns to which the regulations are applied as regards the establishments under Category "B" of the three classes of the schedule of the Unhealthy, Badly constructed and Dangerous Establishments; this procedure was adopted so that the establishments under this Category, might be under the control of the Department as is the case with those under Category "A."

TABLE III.—DETAILS OF THE APPLICATIONS FOR LICENCES FOR ESTABLISHMENTS FALLING UNDER CLASS I OF THE LAW OF AUGUST 1904 (PUBLIC AND CATTLE MARKETS INCLUDED) DEALT WITH IN 1926.

NATURE OF ESTABLISHMENT.	Approved	Refused.	Given up.	Under Consideration	TOTAL.
Sweetmeat factories...	80	24	19	57	180
Pastry and Alimentary Paste factories ...	29	—	5	3	37
Public bakeries and Ovens ...	113	19	15	51	198
Dairies, butter and cheese factories ...	53	10	7	16	86
Artificial butter factories ...	8	—	2	4	14
Corn-grinding and Rice-husking establishments ...	59	3	—	23	85
Rice-husking establishments ...	6	—	—	4	10
Corn grinding and Sugar-cane crushing establishments ...	2	—	—	1	3
Sugar-cane crushing establishments ...	4	—	—	9	13
Ice-cream factories ...	15	3	5	1	24
Ice factories ...	3	1	—	1	5
Aerated water factories ...	31	7	7	16	61
Beer and alcohol factories ...	—	—	—	1	3
Distilleries...	2	—	—	5	7
Public swimming baths ...	2	1	1	2	6
Cotton ginning factories...	5	—	—	1	6
Fish <i>halaqas</i> ...	8	2	3	3	16
Fish and <i>fessikh</i> preserving establishments	1	—	—	4	5
Establishments for preparing and preserving meat ...	1	—	—	1	2
Soap factories ...	10	1	—	2	13
Tanneries ...	2	3	2	3	10
Flax scutching establishments ...	—	1	—	—	1
Hospitals ...	2	1	1	—	4
Public and cattle markets ...	8	10	2	12	32
Public markets without cattle ...	8	2	2	7	19
Food markets ...	2	—	—	—	2
Establishments for cleaning and sifting cereals ...	4	—	—	3	7
Rag and bone stores ...	1	1	1	—	3
Corn-grinding and cereal sifting establishments ...	1	—	—	2	3
Weaving establishments with mechanical motors ...	3	—	—	1	4
Beer bottling establishments ...	3	—	1	1	5
Compressed gas factory ...	—	—	1	—	1
Pigment factory ...	1	—	—	—	1
Fruit and vegetable markets ...	1	—	—	1	2
<i>Fessikh</i> factory ...	1	—	—	—	1
Tobacco and cigarette factory ...	2	1	—	—	3
Medical products factory ...	—	—	—	1	1
Corn-grinding, rice-husking and oil-mill establishments ...	1	—	—	1	2
Sweetmeat and oil-mill factory ...	—	—	—	1	1
Dairy and sweetmeat factory...	—	—	—	1	1
Sewage depots ...	—	1	—	—	1
TOTAL ...	472	91	74	240	877

TABLE IV.—MINISTERIAL ARRÊTÉS.

THE DRAFT ARRETÉS LAYING DOWN ADDITIONAL CONDITIONS FOR ESTABLISHMENTS POSSESSING PERMITS UNDER THE LAW OF AUGUST 1904 "ÉTABLISSEMENT INSALUBRES" APPROVED IN 1926 ARE AS FOLLOWS :—

Nature of Establishment.	Number.	Totals.
<i>Alexandria :—</i>		
Public Stables	14	
Dyeshops	3	
Timber Depots	2	
Sweetmeat and Pastry Factories	1	
Grocery and Petroleum Establishments	5	
Grocery Establishments	6	
Establishments for Ironing Clothes	1	
Public Café	1	
Food Market	1	
Establishments for frying and Roasting Meat	2	
Tinsmith Establishments	7	
Depots for Straw	3	
Sweetmeat Factory	1	
Sweetmeat and Oilpressing Factory	1	
Carpenters' shops	5	
Blacksmiths' shops	7	
Pastry Establishment	1	
Public Bakeries and Ovens	5	
Cattlesheds	1	
Rice-husking Establishments	1	
Depots of spirit Liquors... ..	1	
Fat Depot	1	
Cement Flag Factories	2	
Butchers' Establishments	2	
Blacksmith and Carpenter Establishment	1	
Public Baths	4	
Buza Establishments	1	
Copper Boating and Forging Establishments	1	
Cattle Zerîba	1	
Fruit Establishments	1	
		84
<i>Cairo :—</i>		
Public Stables	10	
Factories and Establishments for sale of pickles	9	
Dairies and Milk Selling Establishments	4	
Public Cookshops	6	
Public Bakeries and Ovens	35	
Animal Sheds	21	
Establishments for Frying and Roasting Meat, Fish, etc.	13	
Cornmill	1	
Establishments for selling Birds and Fowls	4	
Public Baths	3	
Groceries	4	
Pastry Factories	2	
Cement Flag Factory	1	
Ice-cream Factory	1	
		114
<i>Gharbîya Province :—</i>		
Bakery	1	
Cotton-Ginning, Oil-pressing and Soap Factory	1	
Twine and Rope Factories	3	
Oilmills	2	
Aerated Water Factory	1	
		8
<i>Beheira Provinces :—</i>		
Stable	1	
Establishments for selling vegetables and Fruits	3	
		4

Nature of Establishment.	Number.	Totals.
<i>Sharqīya Province :—</i>		
Dyeshop	1	
Public bakeries and ovens	4	
Buza factories	3	
Oilmills	6	
Establishments for frying and roasting meat, fish, etc.	4	
Soap factory	1	
Groceries	3	
Ice-factory	1	
Incubators	1	
Liquorice fermenting establishment	1	
Animal shed	1	26
<i>Daqahlīya Province :—</i>		
Groceries	2	
Pickle factory	1	
Sweetmeat factories	11	
Fish selling establishment	2	
Public bakery	1	
Public stables	4	
Cement and plaster depots	1	
Public cookshop	2	
Dairy	1	
Cheese factories	4	
Vegetable selling establishment	2	31
<i>Gīza Province :—</i>		
Public bath	1	1
<i>Beni Suef Province :—</i>		
Dyeshop	1	
Cornmill	1	2
<i>Minya Province :—</i>		
Public bakeries and ovens	2	
Ice factories	1	3
<i>Asyūt Province :—</i>		
Tanneries	4	
Public bath	1	
Aerated water factories	1	6
<i>Gīrga Province :—</i>		
Public market	1	
Aerated water factory	1	
Corn-grinding establishments	1	3
<i>Port Said :—</i>		
Grocery establishment	1	
Bakery	1	
Pigsty	1	3
GRAND TOTAL		285

TABLE V.—“Unhealthy Establishments” OF CLASSES I, II,

NATURE OF ESTABLISHMENT.	Cairo.	Alexandria.	Damietta.	Suez.	Port Said and Ismailia	Qalyūbiya.
CLASS I.—Category A “Saha.”						
Aerated water factories	30	11	2	4	10	5
Preserved meat factories	14	14	—	—	—	—
Natural butter factories	18	4	1	—	3	—
Butter substitute factories	16	4	—	2	2	—
Cheese factories	3	2	14	—	—	1
Sugar refineries	—	—	—	—	—	—
Food markets	3	6	—	1	2	—
Wholesale fish markets	1	2	1	1	1	3
Fessikh factories	—	—	9	—	—	—
Fish preserving factories	—	3	—	—	—	—
Ovens and bakeries	707	451	62	33	160	29
Sweetmeat factories	157	68	8	2	14	11
Fruit and meat preserving factories	1	—	—	—	—	—
Dairies (for the sale or handling of milk)	211	107	—	—	5	1
Manufactories and Depots ice-cream	33	26	—	1	3	—
Pastry and alimentary paste factories	124	199	1	7	7	1
Sugar-cane factories, by mechanical motors	—	—	—	—	—	—
Starch factories	2	—	—	—	—	—
Breweries and beer factories	—	1	—	—	—	—
Beer bottling establishments	2	7	—	—	1	—
Alcohol factories	2	3	—	—	—	—
Distilleries	40	19	—	—	3	1
Ice factories	7	8	2	2	6	—
Cold storage establishments	1	4	—	—	2	—
Asphalt and bitumen factories	2	5	—	—	—	—
Public baths (including swimming baths)	66	14	2	2	4	—
Cotton ginning factories	—	—	—	—	—	7
Rice-husking factories	—	4	30	—	2	—
Hospitals	6	17	—	1	—	4
India-rubber factories	2	—	—	—	—	—
Paper factories	—	1	—	—	—	—
Candle, tallow, and soap factories	29	18	—	—	1	2
Tanneries	29	26	1	—	—	—
Mineral acids and chemical product factories	13	—	—	—	—	—
Depots of chemical products, other than acids, etc.	2	—	—	—	—	—
Sewage and refuse depots	5	1	—	—	—	—
Manufactories of manure from sewage, etc.	1	—	—	—	—	—
Knaekers’ yards	—	1	—	—	—	—
Flax and hemp scutching and carding mills	2	—	—	—	—	3
Tobacco cigarette factories	12	11	—	—	4	—
Manufactories of spiritual liquors undistilled	1	1	—	—	4	—
Establishments for pressing and cleaning cotton	—	14	—	—	—	—
Establishments for sifting cereals	8	—	—	—	—	—
Depots of bones and rags	37	15	—	—	1	—
Spinning and weaving establishments with mechanical motors	—	3	2	—	—	—
TOTAL CLASS I	1,587	1,070	135	76	235	68
CLASS II.—Category A “Saha.”						
Groceries (<i>baqqals</i>)	7,479	2,717	228	331	516	1,063
Retail vegetable oil shops	262	8	117	81	81	38
Wholesale grocery depots	60	220	2	23	71	—
Flour depots	864	249	9	5	69	4
Vinegar factories	18	1	—	—	—	1
Public kitchens and kitchens of public establishments	540	255	4	23	70	25
Sugar-cane factories, without Mechanical motors	19	8	—	—	—	1
Fessikh depots	14	17	2	2	1	1

AND III, LICENSED IN EGYPT UP TO DECEMBER 31, 1926.

Gharbiya.	Minufiya.	Behira.	Dagahliya.	Sharqiya.	Giza.	Faiyum.	Beni Suef.	Minya.	Asyut.	Girga.	Qena.	Aswan.	TOTAL	TOTAL GENERAL.
14	5	6	11	11	—	4	3	4	8	3	2	2	135	
—	—	—	—	—	—	—	—	—	—	—	—	—	28	
—	—	1	1	—	—	—	—	—	—	3	—	—	31	
1	—	—	—	—	—	—	—	—	—	—	—	—	25	
—	—	—	10	—	4	1	—	1	—	—	—	—	36	
—	—	—	—	—	1	—	—	—	—	1	—	—	2	
—	—	—	—	—	—	—	—	—	—	—	—	—	12	
7	—	5	—	1	5	1	3	1	1	9	—	3	45	
8	—	—	1	—	—	—	1	—	—	—	—	—	19	
—	—	—	3	—	—	—	—	—	—	—	—	—	6	
131	36	64	10	47	21	10	19	60	31	7	18	8	2,004	
58	19	21	36	24	4	8	6	5	3	5	3	—	452	
—	—	—	—	—	—	—	—	—	—	—	—	—	1	
2	—	1	2	1	5	—	—	—	2	5	—	—	342	
—	—	—	1	—	—	—	—	—	—	—	—	—	64	
14	2	6	1	2	6	1	1	2	—	—	—	—	374	
—	—	—	—	—	—	—	—	—	45	—	16	1	62	
1	—	—	—	—	—	—	—	—	—	—	—	—	3	
—	—	—	—	—	1	—	—	—	—	—	—	—	2	
1	—	—	—	—	—	—	—	—	—	—	—	—	11	
—	—	—	—	—	—	—	—	—	—	1	—	—	6	
6	3	—	1	1	—	—	—	—	3	1	2	1	81	
2	1	2	1	1	1	1	1	1	1	—	1	2	40	
—	—	—	—	—	—	—	—	—	—	—	—	—	7	
—	—	—	—	—	—	—	—	—	—	—	—	—	7	
12	1	3	2	1	1	2	1	1	3	2	1	—	118	
38	7	20	9	7	1	7	8	10	2	—	—	—	116	
115	—	70	114	51	—	4	—	—	—	—	—	—	390	
2	—	3	—	—	—	—	—	—	—	1	—	—	34	
—	—	—	—	—	—	—	—	—	—	—	—	—	2	
—	—	—	—	—	—	—	—	—	—	—	—	—	1	
1	—	—	—	1	—	—	—	—	2	—	—	—	54	
24	1	4	3	1	—	24	3	1	26	—	4	1	148	
—	—	—	—	—	—	—	—	—	—	—	—	—	13	
—	1	—	2	—	—	—	—	—	—	—	—	—	5	
—	—	2	—	—	—	—	—	—	—	—	—	—	8	
—	—	—	—	—	—	—	—	—	—	—	—	—	1	
—	—	—	—	—	—	—	—	—	—	—	—	—	1	
3	—	—	—	—	—	—	—	—	—	—	—	—	8	
4	1	2	1	2	1	—	—	—	—	—	—	—	38	
2	—	—	—	2	—	—	—	—	—	—	—	—	10	
—	—	—	—	—	—	—	—	—	—	—	—	—	14	
—	—	—	—	—	—	—	—	—	—	—	—	1	9	
—	—	—	1	—	—	—	—	—	—	—	—	—	54	
—	—	—	—	—	—	—	—	—	—	—	—	—	5	
446	77	210	290	153	51	63	46	86	127	38	47	19	—	4,824
3,537	2,412	1,929	2,008	1,882	1,189	1,132	832	1,151	1,265	576	560	360	31,167	
317	45	74	172	28	56	118	18	41	48	43	33	23	1,603	
27	—	12	7	5	—	1	—	—	8	1	—	—	437	
74	—	15	14	8	28	—	1	3	41	2	—	12	1,398	
2	—	—	1	1	—	—	—	—	—	—	—	—	24	
129	22	41	68	48	28	20	31	60	70	51	33	32	1,550	
—	—	1	5	—	—	—	—	2	30	—	135	—	501	
15	1	5	9	13	5	1	2	—	—	—	—	—	88	

TABLE V (contd.).—"Unhealthy Establishments" OF CLASSES I, II,

NATURE OF ESTABLISHMENT.	Cairo.	Alexandria.	Damietta.	Suez.	Port Said and Ismailia.	Qalyūbiya.
Pickle (<i>turshy</i>) factories and pickle saleshops	76	15	6	2	2	1
Oil-mills	42	11	19	—	1	4
Corn mills for trade or for public use	62	22	14	1	6	69
Manufactories of <i>Baza</i> and other fermented drinks... ..	34	4	1	—	—	1
Pigsties	8	—	—	—	4	1
Tripe factories	22	—	—	—	—	3
Dye works	233	45	19	4	10	225
Factories of Bricks, lime, etc., Permanent or for trade	82	5	17	—	2	27
" " " " Temporary or for private use	—	1	—	—	—	—
Plaster mills	35	3	3	1	2	—
Glue factories (from animal matters)... ..	1	—	—	—	—	—
Catgut works	2	5	—	—	—	—
Depots of hides and skins	26	12	1	2	3	7
Public and cattle markets	1	2	—	—	2	15
Calcination of bone factories	1	—	—	—	—	—
Public laundries	8	4	—	2	11	—
Mills for beating, carding, and pressing of wool, coton, etc.	50	2	—	—	—	1
Rag teasing establishments	—	1	—	—	—	—
Rope and twine factories	5	—	—	—	—	2
Industrial establishments employing animals	4	1	—	—	—	—
Mills for grinding grains and husks	9	4	16	—	—	2
Depots and saleshops of Butter... ..	89	14	7	70	4	—
Depots and saleshops of Butter Substitute	8	3	—	2	—	—
Mills for grinding coffee and grains... ..	66	48	3	—	6	31
Vegetable and fruit markets (<i>Khadra</i>)	20	4	—	—	—	—
Pastry, bread and sweetmeat saleshops	964	365	41	3	2	2
Cement flag factories and depots of plaster and Cement	322	225	8	6	23	7
Amber factories without Mechanical Motors	—	6	—	—	—	—
Establishments for spinnig, etc , without Mechanical Motors	109	7	144	—	—	—
TOTAL	11535	4,284	661	558	886	1,531
CLASS II.—Category B "Saha."						
Public stables or industrial or commercial stables	780	904	19	17	47	20
<i>Zeribas</i> for animals	—	115	—	9	11	4
Stables and cattle sheds in chief towns and villages	188	—	—	—	—	—
Factories for beverages other than aerated water, etc.	64	46	4	2	2	—
Retail <i>fessikh</i> saleshops	130	8	8	2	5	14
Establishments for frying and Roasting Meat, etc.	2,426	580	45	37	63	76
Chicken incubator buildings	3	2	1	—	—	9
TOTAL CLASS II	3,591	1,655	77	67	128	123
CLASS III.—Category A "Saha."						
Retting of hemp, flax, etc., for trade purposes	—	—	—	—	—	10
Establishment for ironing clothes	1,269	314	12	29	82	31
Lime and plaster kilns, temporary or for Private use	—	—	—	6	—	—
Brick factories, etc.	—	—	—	—	—	—
Potteries, etc.	—	—	—	—	—	—
<i>Konafa</i> Manufacturing Establishment	20	3	1	—	—	—
TOTAL	1,289	317	13	35	82	41
CLASS III.—Category B "Saha."						
Butchers' shops	1,052	341	19	25	69	115
Fresh fish Saleshops	58	50	17	—	10	1
Stores and Saleshops of Domestic, Birds and Game	129	61	—	8	4	—
Vegetable and fruit saleshops	803	524	45	27	69	20
TOTAL CLASS III	2,042	976	81	60	152	136

3.—SLAUGHTERHOUSES AND SLAUGHTERING SITES.

Sites for slaughterhouses at the following villages were approved during 1926 :—

Shubra el Khaima	...	...	...	...	...	...	...	Qalyûbiya.
El Hawandiah...	...	...	...	...	...	...	...	Giza.
Embâba	...	...	...	...	...	...	...	Giza.
El Qûsiya	...	...	...	...	...	...	...	Asyût.

Sites for the slaughtering of animals for food in villages where no slaughtering sites exist were approved in the following-villages :—

Biala	...	...	...	...	...	...	...	Gharbiya.
Mit-elgharka	...	...	...	...	...	...	...	Gharbiya.
Abu Shagra	...	...	...	...	...	...	...	Minûfiya.
Bakhati	...	...	...	...	...	...	...	Minûfiya.
Helia	...	...	...	...	...	...	...	Sharqiya.
Hosh Eisa	...	...	...	...	...	...	...	Beheira.
Necla el Enab	...	...	...	...	...	...	...	Beheira.
E'to	...	...	...	...	...	...	...	Minûiya.
Bardanoha	...	...	...	...	...	...	...	Minûiya.
Beni Edi el Baharia,	Awlad elew,	Beni Edi						
el Wastaniya and	El Kebliya	...	...	...	...	...	...	Asyût.
El Hawatka	...	...	...	...	...	...	...	Asyût.

4.—DRINKING WATER.

The following are the towns in which filtered water installations have been installed during the financial year 1926–1927.

Aswân.
Mehalla-el-Koubra.
Fayûm.

In view of the great importance of a pure water supply in relation to public health, the Department decided that every filtered water installation installed in any town should be provided with a chlorinating plant for treating water after filtration in order to get a highly purified water.

Both the installation at Mehalla el Kobra and Faiyûm have been provided with this plant.

Furthermore, the Department contemplated raising the standard of purity generally and this question was discussed by the water Board ; a decision was given to the effect that the new standard of purity should correspond to the absence of lactose fermenters in 50 c.c. and that not more than 50 ordinary bacteria in 1 c.c. of water grown on Agar at a temperature of 37°, *c.g.* for 24 hours.

The old standard of purity was that ordinary bacteria should not exceed 100 in 1 c.c. of water and that lactose fermenters should not exceed 10 in every 10 c.c. of water.

PROTECTION OF DRINKING WATER SUPPLIES.

Arrêtés were issued and published in the *Journal Officiel* for preventing the pollution of drinking water during 1926 at the following localities :—

Tamya	...	...	...	...	...	...	...	Faiyûm.
Balyana	...	...	...	...	...	...	...	Girga
Tema	...	...	...	...	...	...	...	Girga
Tanta	...	...	...	...	...	...	...	Gharbîya
Qûs	...	...	...	...	...	...	...	Qena.
Abou Shûsha	...	...	...	...	...	...	...	”
El Roda	...	...	...	...	...	...	...	Asyût.
Dekernis Bandar	...	...	...	...	...	...	...	Daqahliya.
Dekernis District	...	...	...	...	...	...	...	”
Suhâg	...	...	...	...	...	...	...	Girga
Kous	...	...	...	...	...	...	...	Qena.
Mostorod	...	...	...	...	...	...	...	Qalyûbiya.
Talkha	...	...	...	...	...	...	...	Gharbîya,
Dishna	...	...	...	...	...	...	...	Qena.

5.—CLEANLINESS OF STREETS.

Two *arrêtés* were issued : one from the Governor of Cairo for cleansing Cairo streets and its suburbs, and the other from the Mudîr of Giza for cleansing the streets of 'Aiyât.

6.—FENCING WASTE LANDS.

Two *arrêtés* were issued from Qena and Minya provinces for fencing waste lands at Farshût and Samallût Bandars respectively.

7.—SEWAGE DEPOTOIRS.

The question of sites for Danietta, Kafr el Sheikh, Zifta, Ashmûn, Tala, Tûkh, Minyet el Qamh, Simbellawein, Faraskûr, Beni Mazâr, Aswân, Osiem, and Abnûb is still under consideration.

8.—MOSQUES.

(a) PRIVATE MOSQUES.

The following is a statement of the work carried out in connection with the improvement of the ablution and drainage systems of private mosques throughout the Country:—

TABLE VI.—PRIVATE MOSQUES DEALT WITH IN 1926.

	Cairo.	Provinces.	Total.
Ablution system of private mosques newly constructed and opened for use	—	6	6
Ablution system of old private mosques requiring repairs :			
Number opened for use after repair	—	164	164
Number closed for want of repair	13	473	486
Number under repair	4	277	281
Plans of new private mosques approved during 1926	—	18	18

(b) MOSQUES BELONGING TO WAKFS MINISTRY.

A sum of L.E. 2,500 was granted in the 1926-1927 Budget for the sanitation of Mosques belonging to the Ministry of Wakfs. This sum represents the Government share of the cost of sanitary installation for these mosques, some of which have already been finished and some are still in process of execution.

The following is a statement showing the work done in connection with these mosques up to the end of 1926:—

MINISTRY OF WAKFS MOSQUES DEALT WITH IN 1926.

Plans and estimation of sanitary installations approved	123
(Work still in progress).	
Sanitary installations approved in 1925 but work completed and drainage system opened in 1926	25

9.—BIRKAS.

The number of private *Birkas* inspected during 1926 and found to constitute a danger to public health amounted to 300 covering an area of 380 feddans.

Law No. 5 of 1914 relating to the filling in or draining of such *Birkas* has therefore been enforced on the owners of these *Birkas*.

41 private *Birkas* have been filled in during 1926.

The following table No. VII shows the number and area of Government *Birkas* filled in during 1926 at the request of the Public Health Administration, such *Birkas* having been found to constitute a danger to public health:—

TABLE VII.—GOVERNMENT *Birkas* FILLED IN DURING 1926.

MUDIRÎYA.	Number of <i>Birkas</i> filled in.	TOTAL AREA.			
		Feddâns.	Q'rs.fts.	Sahms.	Metres
Gharbiya	5	—	22	2	3865·35
Sharqiya	3	1	9	18	5907·42
Beheira	3	1	—	9	1265·47
Daqahliya	7	6	21	5	28,917·19
Giza	1	—	7	20	1371·11
Beni Suef	7	3	5	11	13,557·90
Minya	1	—	13	20	2421·31
Asyût	3	—	22	10	3923·70
Girga	4	—	21	8	3734·07
TOTAL	34	16	4	7	67,964·52

10.—PROSTITUTION.

The following table No. VIII indicates the places to which the Regulations regarding “*Maison de Tolérance*” were applied and also certain information regarding the prostitutes examined during 1926:—

TABLE VIII.—SHOWING EXAMINATION OF PROSTITUTES IN MARKAZES DURING THE YEAR 1926.

PLACE.	Number of Prostitutes.	Number of Examinations.	DISEASES.		
			Syphilis.	Gonorrhœa.	Other Diseases.
GOVERNORATES.					
Cairo ... { Natives	745	25,502	103	1,410	84
Europeans	266	11,479	32	212	5
Port Said	303	10,206	9	280	17
Ismailia	160	6,088	7	68	—
Suez	66	2,645	25	192	9
Damietta	4	138	1	—	3
Alexandria... ..	1,143	34,626	63	524	335
PROVINCES.					
<i>Beheira</i> :—					
Damanhûr	154	3,823	30	131	—
Shubrakhît	7	376	—	10	—
<i>Gharbiya</i> :—					
Tanta	214	5,511	7	159	33
Mehalla el Kubra... ..	43	294	—	10	—
Disûq	40	397	8	13	5
Kafr el Zaiyât	43	439	—	7	—
Kafr el Sheikh	20	682	5	35	—
<i>Sharqîya</i> :—					
Zagazig	82	2,450	3	16	28
Bilbeis	37	666	—	17	2
Faqûs	14	419	1	24	5
Hihya	21	388	—	9	2
<i>Daqahlîya</i> :—					
Mansûra... ..	159	5,885	23	94	—
Simbillâwein... ..	30	670	2	5	—
Mît Ghamîr	34	1,768	—	11	—
<i>Minûfiya</i> :—					
Shibîn el Kôm	26	458	1	13	1
Minûf	2	253	1	—	—
<i>Qalyûbiya</i> :—					
Benha	31	1,036	6	18	6
<i>Gîza</i> :—					
Giza	10	393	1	2	—
Imbâba	36	822	1	14	1
<i>Beni Suef</i> :—					
Beni Suef	53	52	6	56	34
<i>Faiyûm</i> :—					
Faiyûm	79	2,178	6	21	24
<i>Minya</i> :—					
Minya	134	3,600	21	104	12
Beni Mazâr	25	766	2	8	—
<i>Asyût</i> :—					
Asyût	102	4,798	7	77	2
El Rôda... ..	21	48	7	3	—
Mellawi	32	1,429	2	2	1
Manfalût	32	882	2	2	1
Abu Tig	40	1,017	1	5	—
<i>Girga</i> :—					
Souhâg	70	1,656	1	61	8
Girga	57	724	1	4	3
Balyâna	60	971	8	8	—
Tahta	20	502	—	—	1
Akhmîm... ..	14	506	—	3	—
<i>Qena</i> :—					
Qena	43	856	2	12	—
Isna... ..	60	1,137	6	63	2
Qûs	22	149	4	5	—
Deshna	21	696	—	17	—
Nag ^c Hammâdi	29	1,410	2	3	—
Farshût	21	819	—	2	—
Luxor	55	45	—	21	3
<i>Aswân</i> :—					
Aswân	24	791	2	15	2
TOTAL... ..	4,703	142,446	409	3,766	629

11.—CEMETERIES AND PRIVATE TOMBS.

The tables shown below indicate :—

- (1) Work done during 1926 in connection with newly formed cemeteries or additions to existing cemeteries.
- (2) Special authorizations given by the Department during 1926 for burial in private tombs not situated within cemeteries.
- (3) Cases of encroachments on cemetery land dealt with by legal action.

TABLE IX.—WORK DONE IN CONNECTION WITH CEMETERIES DURING 1926.

GOVERNORATES AND PROVINCES.	NEW CEMETERIES.				OLD CEMETERIES.					
	Establishment.	Enlargement.	Roads for Cemeteries.	Cases under Consideration.	Surrounded by Pillars.	Authorized.	Portion Condemned.	Condemned.	DISAFFECTED.	
									Already disaffected.	Under disaffection.
<i>Governorates.</i>										
Cairo	—	3	—	6	—	—	—	—	—	—
Suez	—	—	—	1	—	—	—	—	—	—
Damietta	—	—	—	—	—	—	—	—	—	1
Port Said	—	—	—	—	—	—	—	—	—	—
<i>Provinces.</i>										
Gharbiya	1	—	1	78	1	1	1	—	—	18
Beheira	—	1	—	52	—	—	—	—	1	21
Minûfiya	2	1	—	42	20	12	—	—	—	22
Sharqiya	—	—	—	71	—	—	—	—	—	20
Daqahliya	—	—	—	60	—	—	—	—	—	17
Qalyûbiya	1	—	1	35	1	—	1	—	—	13
Giza	—	—	—	16	—	—	—	—	—	8
Beni Suef	—	—	—	27	1	—	1	—	—	4
Faiyûm	—	1	—	29	6	5	—	—	—	16
Minya	—	—	—	34	—	—	—	—	—	8
Asyût	—	—	—	53	—	—	—	—	—	12
Girga	—	—	—	62	—	—	—	—	—	7
Qena	—	—	—	20	3	3	—	—	—	6
Aswân	—	—	—	18	—	—	—	—	—	4
TOTAL	4	6	2	604	32	21	3	—	1	177

TABLE X.—SHOWING THE SPECIAL
AUTHORIZATIONS GIVEN BY THE DEPARTMENT OF PUBLIC
HEALTH IN 1925 FOR BURIAL IN PRIVATE TOMBS NOT
SITUATED WITHIN CEMETERIES.

GOVERNORATES AND PROVINCES.	Number of authorized Tombs.	Cases under Con- sideration
<i>Governorates.</i>		
Cairo	—	2
<i>Provinces.</i>		
Gharbiya	3	5
Beheira	2	3
Sharqiya	1	3
Daqahliya	1	1
Minûfiya	—	—
Qalyûbiya	—	—
Giza	—	—
Beni Suef	—	—
Faiyûm	—	—
Minya	—	2
Asyût	—	—
Girga	1	—
Qena	1	—
Aswân	—	—
TOTAL	9	16 *

* This does not include a great number of applications that have already been refused by the Department

TABLE XI.—SHOWING LEGAL ACTIONS BROUGHT BY THE CONTENTIEUX AGAINST ENCROACHERS ON CEMETERY LANDS DURING 1926.

GOVERNORATES AND PROVINCES.	Judgment in Government's Favour.	Judgment against Government.	Encroachment adjusted or not proved.	Cases under Consideration.	Cases administratively settled.
<i>Governorates.</i>					
Cairo	—	—	—	3	—
Suez	—	—	—	—	—
Damietta... ..	—	—	—	—	—
Port Said	—	—	—	2	—
<i>Provinces.</i>					
Gharbiya	4	—	11	159	10
Beheira	1	—	4	160	35
Minûfiya	1	—	1	94	12
Sharqiya	2	—	3	133	15
Daqahliya	3	—	3	67	5
Qalyûbiya	3	1	1	33	4
Gîza	—	—	2	41	2
Beni Sîef	1	—	3	22	1
Faiyûm	4	—	1	61	4
Minya	1	1	3	32	—
Asyût	1	—	—	25	6
Girga	3	—	—	51	2
Qena	2	—	—	21	2
Aswân	—	—	2	17	—
TOTAL	26	2	34	921	98

SECTION IV.



INTRODUCTION.

The general health of the country has, as regards the occurrence of epidemics, been normal this year, with the exception of a continued epidemic of small-pox. Relapsing fever was notable by its absence and a continued decrease in the number of cases of typhus fever took place.

As regards small-pox, numerous cases occurred this year, distributed over the greater part of the country, but more especially in the Qena, Aswân, and Faiyûm Mudîrîyas. The Department, therefore, continued the general vaccination campaign which was initiated during the latter part of the previous year. The number of persons vaccinated during the year was about 7 millions.

A new vaccination scheme was drawn up, designed to ensure the efficient carrying out of this measure, and the prevention of evasion of vaccination by certain of the population. It was considered advisable to include the details of this scheme in the text of this report.

As recorded last year, the existence and spread of small-pox in Egypt may be attributed to the following reasons :—

(1) The residence of Arab tribes in Egypt and the non-adherence, by a certain proportion, to the Laws relating to registration of births, deaths, and vaccination.

(2) The excessive amount of work delegated to the Markaz Medical Officer and the large number of villages falling under his control ; these factors compel the Department to entrust the sanitary barbers with the carrying out of vaccination in the villages.

(3) The incompetence of the present staff of sanitary barbers.

(4) The loss of immunity against the disease, owing to the long interval of time since the last vaccination.

In order to overcome these difficulties, the Department has taken the following steps :—

(1) The Arabs are compelled to register their births and deaths and to submit to vaccination.

(2) The scheme of sub-division of Markazes as regards Administrative Public Health Work, is to be continued until the proportion of one Medical Officer to every 30,000 inhabitants is reached ; when this is accomplished the Medical Officer himself, furnished with the appropriate staff, will carry out all vaccination.

(3) The gradual replacement of the present sanitary barbers by men of a higher degree of education ; the latter will be given a recognised course of instruction in order to fit them for their duties in this respect.

A credit has been inserted in the present year's budget, for the creation of a school for the above purpose.

(4) The promulgation of a law rendering vaccination compulsory every seven years.

It is believed that when these measures have become effective, small-pox in Egypt will be reduced to a minimum.

Plague on the other hand, has not appeared in epidemic form except in Damanhûr Bandar, one of the villages of Beni-Suef Mudîrîya and Sidi Barrani. The total number of cases occurring this year was somewhat higher than that recorded last year:

General vaccination of all inhabitants of these localities was carried out, the total number vaccinated being 118,298.

An increase in the number of cases of typhoid fever took place this year especially in Cairo and Alexandria.

It is obvious that this disease cannot be controlled except by the provision of pure water supplies in every village or town, by Municipal drainage systems, the proper disposal of refuse and excreta, the institution of a campaign against flies, the control of food and drinks and the control of carriers of the disease.

The spread of education will undoubtedly aid in attaining this end.

As the majority of these measures are not sufficient at the present time in many localities, the Department has issued instructions to the public concerning the methods by which they can protect themselves against this disease. The Department has at the same time tried to induce the population, more especially in Cairo and Alexandria, to submit to inoculation with Anti-Typhoid Vaccine. The number of persons vaccinated during the year amounted to 37,600 persons.

A project law has been prepared giving the Department authority to make vaccination against typhoid fever compulsory in any village, or part of a village, when the disease appears in an epidemic form. Another project law has been drafted adding a special article to Law No. 15 of 1912, giving the Department of Public Health authority to take steps which it deems necessary against typhoid carriers.

As shellfish are sometimes a source of infection in view of the fact that they are fished in waters which may be polluted by ships at anchor, the Department caused an arrêté to be issued prohibiting the importation of shellfish from abroad during the period from 1st May to 1st September of each year.

It is somewhat remarkable that no cases of relapsing fever occurred this year and that the incidence of typhus fever is annually decreasing. Detailed instructions regarding general delousing have been issued and a copy thereof is printed in this report.

With regard to malaria, the disease has not appeared in epidemic form in any locality whatsoever. Sanitary conditions have materially improved in the Gebel el Asfar Zone, which is situated in the proximity of the suburbs of Cairo; conditions there have become about normal. The severity of the disease in Edku is much reduced compared with last year.

Law No. 1 of 1926 was issued after being approved by the Mixed Court of Appeal, it thus became applicable to foreigners as well as Egyptians. It has been applied to Gîza Bandar. Necessary steps are being taken to put it into force in the Malaria infected zones and towns.

The incidence of measles this year was greater than last year.

The death rate however has fallen from 46 per cent to 41 per cent of case incidence.

It is a difficult task for the Public Health Administration to exercise the necessary control for preventing the spread of this disease, on account of its highly infectious nature during the incubation period. Isolation of cases does not prevent the spread of infection, it is however a wise precaution to isolate patients in their homes. Mothers or persons nursing the patients should be enlightened as to the sanitary measures required for preventing the spread of infection.

Most of the influenza cases which occurred during the year were of a mild type. The number of cases recorded was somewhat higher than that of last year; the death rate however fell from 11.5 per cent to 10 per cent. In view of the mild character of the disease, and its short duration in the majority of cases, there is no doubt that the number of cases reported is less than the actual number occurring. Moreover, notification is usually not made until the expiration of some days during which contacts of cases are exposed to infection. Thus control of notification of this disease is extremely difficult.

During the year, Propaganda work was carried out on a large scale. In Cairo, Alexandria, and many Mudiriya Towns, health films were exhibited to the public showing the method of conveyance of infection, the effect of diseases endemic in Egypt such as malaria, ankylostoma and bilharzia; other films relating to the danger of flies, the importance of pure milk in the bringing up of children, etc., were also shown. The films gained the admiration and praise of the large audiences who assembled to see them in all places in which they were exhibited. It is hoped, therefore, that they will go far towards attaining the object aimed at by the Department.

In order that the utmost benefit may be obtained by the use of the films, a contract was made with one of the Companies for the purpose of exhibiting them in towns and villages, in which there is no electric current, by means of motor cars provided with Dynamos and constructed for work of this nature.

Propaganda in the form of advice on various health matters have been prepared for periodical publication in the daily papers, weekly and monthly magazines. Advice of this nature has been printed on the covers of students' copying books.

MODIFICATION OF LAWS AND REGULATIONS.

The custom of the population in this country is to assemble at tombs and in graveyards on certain days of the week for the purpose of visiting the graves of their deceased relatives ; such assemblies are prejudicial to the public health during epidemics of cholera, plague, or any of the infectious diseases mentioned in Part I of the list attached to the Law ; as the laws now in force do not give the Public Health Department the necessary authority to prohibit such assemblies, necessary steps have been taken to modify them ; the modified laws will also provide for the compulsory closure of public markets, the observation of contacts, and the isolation of families of persons suffering from infectious diseases.

It is the custom of the people also to touch the curtains of tombs of sheikhs when visiting such tombs ; special attention has, therefore, been given by the Department to the prevention of infection by this means. The Department requested the authorities concerned to place in position barriers in order to prevent visitors from reaching the curtains.

OBSERVATION OF PASSENGERS AND PILGRIMS FOR CHOLERA.

The result of the observation of passengers has this year been very satisfactory. 99·76 per cent of the total passengers were traced and observed.

It has been noticed that during the pilgrim season, the Suez Health Inspectorate is much overburdened with work ; a special pilgrim Office has therefore been established for duty during the pilgrim season, and a Medical Officer and the necessary staff appointed.

It has been found necessary to lay down a regime for controlling the work of making up pilgrim lists at Tor. The necessary modifications were introduced into the regulations laid down for the observation of pilgrims on their arrival at Suez ; it is to ensure that they do not escape observation and that they arrive in their villages as soon as possible.

As it was decided that the Mahmal should visit Medina and return *via* Yombo, the Department sent a dispensary to Yombo similar to the dispensaries sent to Mecca and Jedda since 1923.

The supply of drugs sent with the Dispensaries was soon exhausted owing to the fact that a large number of people, more especially the inhabitants of the Hedgaz, attended this year for treatment ; necessary steps have been taken to increase the supply of drugs sent in future with these dispensaries.

The Public Health Laboratories commenced this year to manufacture Anti-Cholera Vaccine ; in future, therefore, this vaccine will not be imported from abroad.

A special apparatus for chlorination of water has been installed in the Gîza Government water works.

It has been decided that a similar apparatus should be installed in all water-works established by the Municipalities. The Cairo Water Company has also been requested to instal a chlorinating plant in order to ensure that all drinking water supplied to Cairo is sterilised.

TYPHUS FEVER.

The number of typhus cases recorded during 1926 was 966 as against 1,314 in 1925, 1,683 in 1924, 1,935 in 1923, 2,484 in 1922 and 4,476 in 1921. The number of deaths amounted to 201, *i.e.* 20·8 per cent of the cases recorded.

The number of cases recorded in 1926 is less than that recorded in any one year during the last 22.

The lessened incidence is due to the stringent precautions taken by the Department as regards isolation of the patients, as soon as they have been notified, and delousing both them and their contacts.

The Department has issued the following instructions with regard to general delousing.

GENERAL DELOUSING IN INFECTED LOCALITIES.

When any section of a village is severely infected with typhus or relapsing fever, or the infection is wide spread throughout a village, it is necessary to carry out general delousing in the infected section or in the whole village.

Before general delousing is undertaken the following arrangements should be made :—

(1) The reasons for carrying out general delousing should be explained to the Central Administration whose approval is necessary. If this is granted, one Medical Officer or more should be detailed to supervise the work.

(2) List of the inhabitants should be made in the same way as in “ general vaccination against plague and small-pox.”

(3) A disinfecting station should be provided furnished with large and small barrels according to the size of the village and the number of inhabitants.

(4) Near the station, two separate baths should be built, one for males and the other for females.

(5) If difficulty is experienced in bringing women to the delousing station, a suitable house should be selected for their use. It should be disinfected at the end of every day's work. Delousing should be performed according to the instructions laid down on page 125 of the Infectious Diseases Handbook and intelligent dayas, preferably those who have been trained in a dayas' school, should be selected for delousing the women. They should be given full instructions as to the carrying out of the process.

(6) A sufficient number of barbers should be engaged for cutting hair, and a tent for this purpose should be erected near the men's bath. In it, there should be a sufficient number of chamber-pots containing Kerosene into which the hair should be placed; pots also should be provided containing a disinfecting solution to disinfect razors.

(7) A sufficient number of disinfectors should be engaged in order to complete the process as quickly as possible.

(8) Kerosene emulsion should be prepared near the baths; the precautions laid down on page 50 of the Infectious Diseases Handbook should be observed.

(9) Clothes removed from the body should be immediately placed in small bags, tightly secured at the neck, and sent to the disinfecting station.

(10) There should be in the disinfecting station, a sufficient number of Government clothes according to the number of inhabitants.

(11) The disinfecter, furnished with the list of names of the inhabitants, begins his work by evacuating from the first house all the inmates, men, women and children; one person may be allowed to remain with the disinfecter during the disinfection of the house.

(12) Men and boys should be sent to the men's delousing station, women and children to that of the women.

(13) All articles in the house, likely to harbour lice, such as bedding, clothing, etc., should be put into large disinfecting bags which are secured at the neck. Each bag should bear the name of the owner of the articles. They are then sent to the disinfecting station.

(14) The house should afterwards be disinfected, after which the person who remained with the disinfecter should be sent to the delousing station.

(15) When the above operations have been completed in one house, the disinfecter should begin work on the adjoining house, and so on until all the houses on the list have been dealt with.

(16) A disinfecter should be in charge of one or more sections of a village. All disinfecters should begin their work simultaneously in order to complete the process in the least possible time.

(17) When the bag or bags containing clothes or bedding arrive at the disinfecting station, they should be emptied into the steam disinfection drum by placing the mouth of the bag over the mouth of the drum. The process of disinfection will then be carried out as described on pages 47-49 of the Infectious Diseases Handbook.

(18) Inhabitants must wear *Meery* clothes during the disinfection process. As soon as their own clothes have been disinfected, they should be returned to them. *Meery* clothes which they have been wearing should then be taken from them and steam disinfected before again being used. This process should be supervised by one Medical Officer or more, and he should not leave the disinfecting station during the work; he must observe the period during which the clothes remain in the drum. He must also see that the delousing process is kept going satisfactorily in the baths.

(19) A bath should be provided where the labourers, working in the process of delousing, can bathe and disinfect their clothes at the end of each day in accordance with the instructions laid down on page 46 of the Infectious Diseases Handbook.

(20) It is very necessary, for the proper carrying out of this process and in order to obtain the results demanded by the Department, to destroy the lice on all the inhabitants of the house at the same time if possible. Persons who have not yet been deloused and disinfected should not be allowed to mingle with those who have been so treated.

The following list shows the number of typhus cases recorded during the last 24 years :—

Year.	Cases.	Deaths.
1903	706	519
1904	1,603	1,085
1905	2,478	1,111
1906	1,668	938
1907	1,063	836
1908	2,926	1,153
1909	3,782	1,608
1910	2,908	1,210
1911	5,151	1,702
1912	5,382	1,659
1913	4,936	1,438
1914	9,508	2,533
1915	17,096	4,216
1916	30,507	7,095
1917	18,569	4,174
1918	24,953	7,354
1919	16,970	5,573
1920	13,279	3,510
1921	4,476	1,273
1922	2,484	717
1923	1,935	603
1924	1,683	588
1925	1,314	290
1926	966	201

RELAPSING FEVER.

No cases of relapsing fever have been notified in Egypt during the year. Only three cases were notified in Egypt during 1925 and five cases in 1924.

The following list shows the number of cases and deaths from relapsing fever recorded during the last 10 years :—

Year.	Cases.	Deaths.	Percentage Death-rate.	Death-rate per Thousand.
1917	11,162	1,043	9·31	0·081
1918	12,642	829	6·55	0·064
1919	3,372	598	18·24	0·046
1920	2,876	430	14·60	0·032
1921	1,217	198	16·27	0·014
1922	170	35	20·58	0·014
1923	39	6	15·38	0·002
1924	5	—	—	—
1925	3	—	—	—
1926	—	—	—	—

TYPHOID FEVER.

The number of cases of typhoid fever recorded during 1926 was 2,268 as against 1,978 in 1925. The number of deaths was 538, *i.e.* 23·7 per cent of the number of cases.

The following list shows the number of typhoid cases recorded during the last 12 years :—

Year.	Cases.	Deaths.
1915	6,540	2,992
1916	3,442	1,092
1917	2,549	756
1918	3,118	935
1919	2,707	587
1920	1,799	426
1921	1,380	346
1922	1,694	431
1923	1,765	466
1924	1,794	462
1925	1,978	570
1926	2,268	538

It will be noticed that the number of typhoid cases recorded during the last five years has increased as may be seen from the above figures; the Department considered it advisable to commence the preparation of Anti-Typhoid vaccine in the Public Health Laboratories. When sufficient quantities of this vaccine were prepared, a notice was published in the press indicating the measures to be taken which should be followed by the public to protect themselves from this disease; these included gratuitous vaccination at the Public Health Offices. At the same time necessary instructions were issued to Public Health Inspectors to carry out inoculation, free of charge, to all persons who applied for such at Public Health Offices.

The number vaccinated in Alexandria up to December 31, 1926, was 29,685; that in Cairo 7,126.

A project of a Law has been prepared giving the Department the right to carry out compulsory vaccination against this disease in any village or part thereof in which it appears in epidemic form; an article has also been added to Law No. 15, 1912, giving the Department the authority to take the necessary control measures against carriers of this disease.

As shell-fish cause Enterica owing to their being fished in sewage polluted waters, an arrêté was issued by His Excellency the Minister of Finance, at the request of the Department, prohibiting the importation of this fish from abroad during the period from 1st May to 1st September in each year.

SMALL-POX.

The number of cases of small-pox recorded during the year was 2,676 as against 762 in 1925, 799 in 1924 and 519 in 1923.

The number of deaths was 542, *i.e.* 20·2 per cent of the number of cases reported.

The Department continued to carry out the general vaccination referred to in last year's report and the number vaccinated during the year was 7 millions. All the inhabitants of Girga Province, Minya, Beni Suef, Faiyûm, Gîza, Beheira, and part of Qalyûbîya were vaccinated; this number does not include the inhabitants of Qena and Aswân who were vaccinated at the end of 1925. General vaccination is still being carried out in other districts of Egypt and it is expected that vaccination of the remaining part of the population will be completed at the end of next year.

The following instructions have been laid down for the carrying out of general vaccination :—

GENERAL VACCINATION AND RE-VACCINATION.

When general vaccination or re-vaccination is considered necessary in any particular place, the Public Health Inspector should supply a detailed report to the Central Administration explaining the reasons for the same.

The Department will arrange to supply daily the necessary vaccine lymph to the places where it is required. If the quantity supplied is in excess of requirements, a telegram should be sent to the Public Health Laboratories, stating the period for which no vaccine is to be despatched.

All necessary articles and equipment should be obtained from the Department through the Public Health Inspectorate. It should be stated on the requisition that the articles are “required for general vaccination against small-pox.”

Before commencing operations, the Public Health Inspector should write to the Mudîriya asking that the Mamûr of the Markaz be requested to afford all necessary assistance.

The Medical Officer of the Markaz should call a meeting of the ‘Omdas and Sheikhs of the area concerned, explain to them the necessity for general vaccination and the benefits to be gained from it, and impress upon them that it is their duty to afford all possible assistance.

A well trained employee of the Department should be sent to the area, and under his supervision the ‘Omdas and Sheikhs should draw up lists of the inhabitants in blank registers which will be supplied to them. For this purpose the village should be divided into convenient sections. The lists should not be drawn up according to each Sheikh’s “Hessa” owing to the not infrequent irregular arrangement of the houses in them.

The lists will be drawn up in the form shown below :—

Name of Owner.	Serial Number.	Name of Occupant.	Age.	Remarks.
Hassan Ibrahim ...	1			
	2			
	3			
	4			
	5			
	6			
Girgis Hanna	7			
	8			
	9			
	10			
Mohammed Abdel Al	11			
	12			
	13			
	14			
	15			

The inhabitants of the first section should be registered completely ; the second section should be dealt with likewise, and so on until the whole village is completed.

The ‘Omdas and Sheikhs should make a written and signed declaration at the end of the lists that all the inhabitants of the village have been recorded and that none of them are missing.

When the lists are finished, the last serial number should be checked with the census figure for the village. If, for example, the census figure of population is 1,000 and the number shown in the lists is approximately the same (it should normally be larger) the registers may be passed to the vaccination gangs. If the number of persons shown on the lists is smaller than that of the census figure the reason should be inquired into. Vaccination gangs are composed of a disinfecter (who acts as chief), an ambulance tamurgi and two barbers (one of these should be the barber of the village, if possible). In very exceptional cases a midwife graduated from a Midwives School may be engaged to assist in vaccinating some of the women ; the necessary instructions will be given to her beforehand by the Medical Officer of the Markaz or the Maamouria and he should inspect her work.

The number of gangs engaged should be equal to the number of books (or lists) of persons to be vaccinated ; each gang will be given a book (or list), the operation thereby being completed quickly. The work of all gangs will be supervised by a doctor.

Medical Officers charged with supervising the work of gangs, disinfectors, and labourers, should live near the work and remove their tents from place to place according to the progress of the vaccination campaign.

(4) By checking the vaccination of women (those who most frequently escape vaccination) ; infants under one year of age should be asked for. They will usually be brought by their mothers, and the vaccination of mothers and children can then be examined together.

The Department proposes to take the necessary measures to enact a law for making vaccination compulsory every seven years.

The following list shows the number of small-pox cases recorded in Egypt during the year 1926, and the Districts in which they occurred :—

MUD RÎYA OR GOVERNORATE.	Number of Cases.	Number of Deaths.
Cairo	103	23
Alexandria	178	48
Ismailia	—	—
Port Said	1	—
Damietta	—	—
Suez	4	1
Eastern Desert	—	—
Western Desert	5	—
Sinai	—	—
Beheira	251	31
Daqahliya	7	1
Gharbiya	260	57
Minûfiya	59	11
Qalyûbiya	105	21
Sharqîya	55	4
Aswân	49	11
Asyût	45	17
Beni Suef	268	59
Faiyûm	483	162
Girga	174	46
Gîza	148	23
Minya	65	14
Qena	116	13
GENERAL TOTAL	2,676	542

List showing the number of deaths from small-pox during the period from 1902-1925 and the death rate per 100,000 of the population :—

Year.	Number of Deaths annually.	Number of Deaths in each 100,000.
1902	280	2.82
1903	515	5.61
1904	1,094	1.71
1905	851	8.23
1906	409	3.89
1907	573	5.36
1908	620	5.71
1909	1,023	9.3
1910	648	5.8
1911	737	6.51
1912	456	3.97
1913	706	6.07
1914	1,564	13.23
1915	1,262	1.52
1916	902	7.41
1917	409	3.25
1918	306	2.37
1919	1,926	14.95
1920	796	6.1
1921	24	0.19
1922	89	0.66
1923	145	1.2
1924	221	1.6
1925	158	0.38
1926	542	3.76

PLAGUE.

The total number of cases of plague recorded during 1926 was 150 as against 138 in 1925. The total number of deaths in 1926 was 73 showing a mortality of 48·6 per cent. The mortality rate in 1925 was 55·8 per cent.

Of the 150 cases which occurred in 1926, 114 cases were bubonic, 32 septicaemic and 4 pneumonic. The proportion of pneumonic cases to bubonic was, therefore, 3·5 per cent as compared with 2·7 per cent in 1925 and 2·7 per cent in 1924.

Of the 150 cases that occurred in 1926, 26 cases occurred in the Ports which were distributed as follows :—

Eight in Alexandria and 18 at Suez.

No cases of plague occurred at Port Said during the year.

The following list shows the places in which plague cases occurred in 1926 :—

Village.	Markaz.	Number of cases.
Alexandria	Governorate.	8
Suez... ..	„	18
Beni Mazâr	Beni Mazâr	1
Tanta Bandar	Tanta	14
Mashâl	Kafr El Zaiyât	1
Ezbet Abu Morra... ..	Santa	3
Minshât Yûsef	Simbillawain	1
Kafr el Shûrbagi	Kafr El Zaiyât	1
El Bahsamûn... ..	Bîba	27
Sandafa	Beni Mazâr	1
Beni Suef Bandar... ..	Beni Suef	5
El Rûbiyât	Sinnûris	1
Damanhûr Bandar	Damanhûr	23
Dandil	Beni Suef	11
Nougû Bardis	Balyana	1
Khârfet Gîrga	Gîrga	5
Ezbet Abdîn	Beni Suef	1
El Burg	„	1
Nazlet Iqfahs	Fashn	1
El Heisamiya	Faqûs	1
Barrani	Sidi Barrani	23
El Shamârqa	Kafr el Sheikh	1
Hileis	„ „	1

The following list shows general statistics of plague since 1899 :—

Year.	Number of cases.	Number of Deaths.	Death rate.
			per cent
1899	93	45	48
1900	127	60	47·2
1901	205	102	49·5
1902	481	291	60
1903	303	160	52·7
1904	854	501	58·66
1905	266	181	68
1906	631	475	75·2
1907	1,253	914	72·9
1908	1,511	780	51·6
1909	513	207	40·5
1910	1,238	615	49·7
1911	1,656	1,041	62·9
1912	884	441	49·9
1913	654	304	46·5
1914	219	111	50·7
1915	235	120	51
1916	1,702	828	48·7
1917	732	399	54·4
1918	357	153	42·8
1919	877	473	53·9
1920	462	269	58·2
1921	356	153	42·9
1922	487	228	46·8
1923	1,519	725	47·7
1924	373	193	51·7
1925	138	77	55·8
1926	150	73	48·6

The following list shows the villages infected with plague in which general vaccination against the diseases was carried out :—

Village.	Markaz.	Number of Inhabitants.	Number Vaccinated.
Beni Mazâr	Beni Mazâr	11,699	23
Tanta Bandar	Tanta	74,195	13,343
„ „	„	74,195	12,677
Ezbet Abu Morra... ..	El Santa... ..	25	25
Port Said	Port Said	70,873	901
Mâqûsa	Minya	3,746	3,413
Mashâl	Kafr El Zayat ...	2,273	17
El Bahsamûn	Beba	2,502	2,502
Tâlwina	Menûf	5,000	5,000
Garawân	„	5,852	200
Suez... ..	Suez	30,969	15,000
Beni Suef Bandar... ..	Beni Suef	31,986	31,986
Damanhûr Bandar	Damanhûr	47,867	16,350
Dandîl	Beni Suef	2,395	2,395
Nugû‘ Bardîs	Balyana	4,057	707
Khârfet Girga	Girga	4,704	3,800
El Burg	Beni Suef	1,441	241
Ezbet Abdîn	„	290	290
Nazlet Iqfahs	El Fashn	2,552	640
El Heisamiya	Faqûs	709	51
Barrani	Sidi Barrani	8,048	8,048
Hileis Ezbet El Sayed Mohamed	Kafr El Sheikh ...	1,488	80
El Shamârka... ..	„	1,025	8
Kharsît	Tanta	2,386	600

Most of the cases that occurred after vaccination were of the mild type.

RELEVÉ DES BULLETINS JOURNALIERS DE LA PESTE, DE MIDI 1ER JANVIER
À MIDI 31 DÉCEMBRE 1926.

VILLE OU DISTRICT	PROVINCE	Existants	ENTRÉS NOUVEAUX			DÉCÈS À L'HÔPITAL			Guéris	Restants	DÉCÈS HORS L'HOPITAL			Total des cas depuis le commencement de l'année	Total des décès
			Bubonique	Septicémique	Pneumonique	Bubonique	Septicémique	Pneumonique			Bubonique	Septicémique	Pneumonique		
INDIGÈNES															
Alexandrie ...	Gouvernorat	—	8	—	—	2	—	—	6	—	—	—	—	8	2
Suez... ..	„	—	16	—	1	9	—	1	7	—	1	—	—	18	11
Sidi Barrani ...	La Province du désert de l'Oues	—	17	3	—	1	3	—	16	—	—	3	—	23	7
Damanhour ...	Béhérah ...	—	20	—	—	5	—	—	15	—	3	—	—	23	8
Tanta	Gharbieh ...	—	9	1	—	2	1	—	6	1	2	2	—	14	7
Kafr el Zayat	„ ...	—	—	—	—	—	—	—	—	—	—	2	—	2	2
El Santa... ..	„ ...	—	2	1	—	—	1	—	2	—	—	—	—	3	1
Kafr el Cheikh	„ ...	—	—	—	—	—	—	—	—	—	—	2	—	2	2
El Simbillawein	Dakahlieh ...	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Facous	Charkieh ...	—	—	1	—	—	1	—	—	—	—	—	—	1	1
Sinnouris... ..	Fayoum ...	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Biba... ..	Béni-Souef ...	—	19	5	—	5	5	—	14	—	1	2	—	27	13
Béni-Souef ...	„ ...	—	10	2	—	3	2	—	7	—	—	3	3	18	11
Béni-Mazar ...	Minieh ...	—	1	—	—	—	—	—	1	—	—	1	—	2	1
Fashn	„ ...	—	1	—	—	1	—	—	—	—	—	—	—	1	1
Balyana	Girga	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Girga	„	—	3	—	—	1	—	—	2	—	—	2	—	5	3
TOTAL DES INDIGÈNES ...		—	106	13	1	29	13	1	76	1	8	19	3	150	73
ETRANGERS															
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL ...		—	106	13	1	29	13	1	76	1	8	19	3	150	73

Egyptians.

TABLE I.—DETAILS OF CASES

Serial Number.	Governorate or Province.	District.	Village.	Duration of Outbreak.		Cases existing at end of previous year.
				From	To	
1	Alexandria.	Governorate.	—	March 12	December 25	—
1	Suez.	—	—	28	September 9	—
1	Western Desert Province.	Sidi Barrani.	—	September 9	November 30	—
TOTAL ...						—
1	El Beheira.	Damanhûr.	Damanhûr Bandar.	June 15	August 13	—
1	El Gharbiya.	Tanta.	Tanta Bandar.	March 9	Remaining from last year.	—
1	"	Kafr el Zayât.	Kafr el Shûrbagi.	May 2	—	—
2	"	"	Basyûn (Mashâl).	March 29	May 2	—
TOTAL ...						—
1	"	El Santa.	Ishnâwai (Ezbet Abu Mora)	March 30	April 18	—
1	"	Kafr el Sheikh.	El Shâmarqa.	December 9	—	—
2	"	"	Hileis.	" 9	—	—
TOTAL ...						—
1	El Daqahliya.	El Simbillâwein.	Minshât Yûsef.	April 22	—	—
1	El Sharqiya.	Fâqûs.	El Heisanîva.	July 27	—	—
1	El Faiyûn.	Sinnûris.	El Rûbiyât.	May 4	—	—
1	Beni Suef.	Biba.	El Balsamûn.	May 10	July 5	—
1	"	Beni Suef.	Beni Suef Bandar.	May 28	—	—
2	"	"	Beni Suef (Ezbet Shefie).	June 2	June 21	—
3	"	"	Dandîl.	June 21	July 18	—
4	"	"	Tizmant el Sharqia (Ezbet Abdin).	July 5	—	—
5	"	"	El Burg.	July 8	July 31	—
TOTAL ...						—
1	El Minya.	Beni Mazar.	Beni Mazar.	March 4	—	—
2	"	"	Sendâfa.	May 17	June 5	—
TOTAL ...						—
1	"	El Fashn.	Nazlet Iqfahs.	July 24	—	—
1	Girga.	El Balyana.	Negûc Bardis.	June 26	June 26	—
1	"	Girga.	Khârfet Girga.	June 6	July 8	—
GRAND TOTAL of Egyptians ...						—
Foreigners ...						—
GRAND TOTAL of Egyptians and Foreigners ...						—

OF PLAGUE IN 1926.

Admissions to Hospital.				Died in Hospital or Discharged.			Cases existing at end of year.	Deaths out of Hospital.			TOTAL.	
Bubonic.	Septicæmic.	Pneumonic.	TOTAL.	Died.	Recovered	TOTAL.		Bubonic.	Septicæmic.	Pneumonic.	Cases.	Deaths.
8	—	—	8	2	6	8	—	—	—	—	8	2
16	—	1	17	10	7	17	—	1	—	—	18	11
17	3	—	20	4	16	20	—	—	3	—	23	7
41	3	1	45	16	29	45	—	1	3	—	49	20
20	—	—	20	5	15	20	—	3	—	—	23	8
9	1	—	10	3	6	9	1	2	2	—	14	7
—	—	—	—	—	—	—	—	—	1	—	1	1
—	—	—	—	—	—	—	—	—	1	—	1	1
—	—	—	—	—	—	—	—	—	2	—	2	2
2	1	—	3	1	2	3	—	—	—	—	3	1
—	—	—	—	—	—	—	—	—	1	—	1	1
—	—	—	—	—	—	—	—	—	1	—	1	1
—	—	—	—	—	—	—	—	—	2	—	2	2
—	—	—	—	—	—	—	—	—	1	—	1	1
—	1	—	1	1	—	1	—	—	—	—	1	1
—	—	—	—	—	—	—	—	1	—	—	1	1
19	5	—	24	10	14	24	—	1	2	—	27	13
—	1	—	1	1	—	—	—	—	—	—	1	1
3	—	—	3	—	3	3	—	—	1	—	4	1
6	1	—	7	4	3	7	—	—	1	3	11	8
—	—	—	—	—	—	—	—	—	1	—	1	1
1	—	—	1	—	1	1	—	—	—	—	1	—
10	2	—	12	5	7	12	—	—	3	3	18	11
—	—	—	—	—	—	—	—	—	1	—	1	1
1	—	—	1	—	1	1	—	—	—	—	1	—
1	—	—	1	—	1	1	—	—	1	—	2	1
1	—	—	1	1	—	1	—	—	—	—	1	1
—	—	—	—	—	—	—	—	—	1	—	1	1
3	—	—	3	1	2	3	—	—	2	—	5	3
106	13	1	120	43	76	119	1	8	19	3	150	73
—	—	—	—	—	—	—	—	—	—	—	—	—
106	13	1	120	43	76	119	1	8	19	3	150	73

TABLE II.—MONTHLY COMPARISON OF PLAGUE CASES AND MORTALITY DURING THE YEARS 1924, 1925 AND 1926.

MONTHS.		1924					1925					1926				
		Existing from previous year.	Admis- sions to Hospital.	Died in Hospital.	Recovered.	Died out of Hospital.	Existing from previous year.	Admis- sions to Hospital.	Died in Hospital.	Recovered.	Died out of Hospital.	Existing from previous year.	Admis- sions to Hospital.	Died in Hospital.	Recovered.	Died out of Hospital.
January	...	18	15	4	26	8	1	10	3	7	5	—	—	—	—	—
February	...	—	7	3	6	9	—	—	—	1	—	—	—	—	—	—
March	...	—	7	2	2	3	—	—	—	—	—	—	6	4	1	2
April	...	—	103	41	20	19	—	8	5	2	1	—	9	3	2	1
May	...	—	66	22	78	19	—	27	11	8	4	—	22	12	10	6
June	...	—	54	21	35	8	—	17	8	15	6	—	35	12	17	10
July	...	—	16	4	19	7	—	8	5	6	3	—	18	6	16	3
August	...	—	6	4	4	3	—	15	2	5	4	—	4	1	7	—
September	...	—	6	1	4	—	—	3	2	9	3	—	12	3	12	—
October	...	—	1	—	—	2	—	17	8	8	4	—	9	—	1	3
November	...	—	1	—	3	—	—	1	1	1	1	—	3	2	7	3
December	...	—	5	5	—	8	—	1	1	—	—	—	2	—	3	2
ANNUAL TOTAL	...	18	287	107	197	86	1	107	46	62	31	—	120	43	76	30

Percentage of Deaths in Hospital to Admissions ...	1924	1925	1926
	Per cent. 37.28	Per cent. 42.99	Per cent. 35.83

TABLE III.—MONTHLY INCIDENCE OF CASES

GOVERNORATE OR PROVINCE.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Lower Egypt.										
<i>Governorates:—</i>										
Alexandria	—	—	—	—	—	—	—	—	—	—
Port Said... ..	—	—	—	—	—	—	—	—	2	1
El Kantara (Canal Governorate) ..	—	—	—	—	—	—	—	—	—	—
Suez	—	—	—	—	—	—	2	2	1	1
<i>Provinces:—</i>										
El Gharbiya	—	—	—	—	—	—	—	—	—	—
El Minûfiya	7	3	—	—	—	—	1	1	—	—
El Daqahliya	1	1	—	—	—	—	—	—	—	—
El Sharqiya	—	—	—	—	—	—	—	—	7	1
El Qilyûbiya	5	2	—	—	—	—	—	—	—	—
Upper Egypt.										
<i>Provinces:—</i>										
El Faiyûm	—	—	—	—	—	—	3	2	4	3
Bei i Suef	1	1	—	—	—	—	—	—	11	5
E. Minya... ..	—	—	—	—	—	—	2	—	4	2
Asyût	—	—	—	—	—	—	—	—	1	1
Girga	1	1	—	—	—	—	1	1	1	1
Qena	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL	15	8	—	—	—	—	9	6	31	15
Percentage to the Grand Total ...	10·86	10·38	—	—	—	—	6·52	7·79	22·46	19·44
Total of Lower Egypt ...	13	6	—	—	—	—	3	3	10	3
Percentage to Total of Lower Egypt ...	21·66	16·66	—	—	—	—	5·0	8·33	16·66	8·33
Total of Upper Egypt ...	2	2	—	—	—	—	6	3	21	12
Percentage to Total of Upper Egypt ...	2·56	4·87	—	—	—	—	7·69	7·31	26·92	29·26

AND DEATHS OF PLAGUE DURING 1925.

JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1	1	1	1	1	—	1	1	—	—	—	—	—	—	4	3
3	2	6	4	3	1	2	1	3	3	1	1	—	—	20	13
—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1
3	2	—	—	1	1	1	1	—	—	—	—	—	—	8	7
—	—	—	—	—	—	1	1	1	1	—	—	—	—	2	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
3	1	—	—	—	—	—	—	1	1	—	—	—	—	11	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	1	1	8	6
8	4	—	—	14	4	—	—	15	6	1	1	—	—	50	21
3	2	4	3	—	—	1	1	—	—	—	—	—	—	14	8
1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
23	14	11	8	19	6	6	5	21	12	2	2	1	1	138	77
16·66	18·18	7·97	10·38	13·76	7·92	4·34	6·49	15·21	15·58	1·44	2·58	0·72	1·29	—	—
10	6	7	5	5	2	5	4	6	6	1	1	—	—	60	36
16·66	16·66	11·66	13·88	8·33	5·55	8·33	11·11	10·0	16·66	1·66	2·77	—	—	—	—
13	8	4	3	14	4	1	1	15	6	1	1	1	1	78	41
16·66	19·51	5·12	7·31	17·94	9·75	1·28	2·43	19·23	14·63	1·28	2·43	1·28	2·43	—	—

TABLE III (continued).—MONTHLY INCIDENCE OF CASES

GOVERNORATE OR PROVINCE.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.	
	Cases.	Deaths.	Cases.	Deaths	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Lower Egypt.										
<i>Governorates :—</i>										
Alexandria	—	—	—	—	1	1	1	—	—	—
Suez	—	—	—	—	1	1	5	2	6	5
<i>Provinces :—</i>										
Western Desert	—	—	—	—	—	—	—	—	—	—
El Beheira	—	—	—	—	—	—	—	—	—	—
El Gharbiya	—	—	—	—	5	3	3	1	3	1
El Dakahliya... ..	—	—	—	—	—	—	1	1	—	—
El Sharkiya	—	—	—	—	—	—	—	—	—	—
Upper Egypt.										
<i>Provinces :—</i>										
El Faiyûm	—	—	—	—	—	—	—	—	1	1
Beni Suef	—	—	—	—	—	—	—	—	17	11
El Minya	—	—	—	—	1	1	—	—	1	—
Girga	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL	—	—	—	—	8	6	10	4	28	18
Percentage to the Grand Total ...	—	—	—	—	5·33	8·21	6·66	5·47	18·66	24·65
Total of Lower Fgypt ...	—	—	—	—	7	5	10	4	9	6
Percentage to Total of Lower Egypt ...	—	—	—	—	7·36	11·90	10·52	9·52	9·47	14·28
Total of Upper Egypt ...	—	—	—	—	1	1	—	—	19	12
Percentage to Total of Upper Egypt ...	—	—	—	—	1·81	3·22	—	—	34·54	38·70

MEASLES.

The number of cases of measles recorded during 1926 was 21,860 as against 12,970 in 1925, 3,606 in 1924 and 17,871 in 1923. The number of deaths during 1926 was 9,152 or 41·8 per cent of number of cases recorded, as against 6,084 in 1925, 1,750 in 1924 and 7,673 in 1923.

The following list shows the annual statistics of measles during the last 12 years :—

Year.	Cases.	Deaths.	Year.	Cases.	Deaths.
1915	4,394	1,751	1921	3,049	1,254
1916	7,746	3,614	1922	5,582	2,570
1917	7,416	3,643	1923	17,871	7,673
1918	3,681	1,757	1924	3,606	1,750
1919	3,483	1,643	1925	12,970	6,084
1920	9,225	3,749	1926	21,860	9,152

DIPHTHERIA.

The number of Diphtheria cases recorded during 1926 was 1,554 as against 1,784 in 1925 and 1,545 in 1924. Total number of deaths during 1926 was 618 or 39·7 per cent of number of cases recorded, as against 734 in 1925.

Out of the total number of cases recorded during 1926 ; 179 cases occurred in Alexandria, 42 at Port Said, 16 at Damietta, 16 at Suez, and the remaining cases in other Mudîrîyas of the country.

INFLUENZA.

The number of Influenza cases notified during 1926 was 2,602 as against 2,496 in 1925 and 2,764 in 1924.

Total number of deaths during 1926 was 264 or 10·1 per cent of the number of cases notified.

CEREBRO SPINAL MENINGITIS.

The number of cases of Cerebro Spinal Meningitis recorded during 1926 was 25 as against 32 in 1925 and 18 in 1924. Number of deaths during 1926 was 18 or 72 per cent of cases notified as against 22 in 1925 and 13 in 1924.

SCARLET FEVER.

The number of cases of scarlet fever notified during 1926 was 87 as against 117 in 1925 and 164 in 1924. Number of deaths during 1926 was 6 or 6·9 per cent of cases notified as against 16 in 1925 and 8 in 1924.

LIST SHOWING TOTAL NUMBER OF CASES OF,
AND DEATHS FROM INFECTIOUS DISEASES OCCURRING DURING 1926.

Cer. Sp. Meningitis.		Chicken Pox.		Cholera.		Diphtheria.		Measles.		Plague.		Relapsing Fever.		Scarlet Fever.		Small-pox.		Typhoid.		Typhus.		Other Inf. Diseases.		TOTAL.	
C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
25	18	571	15	-	-	1554	618	21,860	9,152	150	73		6	26	1	547	268	538	966	201	5515	1001	35,679	12,361	

TRANSPORT OF KOHNA.

The Department received many applications asking for permits for transport of Kohua. but owing to the spread of small-pox in some Mudîrîyas in the country, the Department refused to issue permits for the transport of Kohua from either infected localities or neighbouring localities.

The number of permits issued during 1926 was 10 for transport by railway and 15 for transport by river.

MULIDS.

The Department gave its opinion regarding the holding of 133 Mûlids, the period of each varying from 3 to 20 days.

REGISTRATION OF ARABS.

Reference was made in the report of last year to the steps taken to combat the custom practiced by Arabs since ancient times, namely their refusal to register births and deaths in the sanitary registers. As a result of this custom their children escaped vaccination in infancy and thus caused the continued spread of the disease.

The Ministry of the Interior agreed to the proposals of the Department and issued the necessary instructions.

It is hoped that the steps taken to compel Arabs to register their births and deaths will lead to the required object *i.e.* the safeguarding of Public Health and the maintaining of the principle of equality by treating the whole of the pupulation on the same basis.

THE SUB-DIVISION OF MARKAZES FROM A PUBLIC HEALTH POINT OF VIEW.

Owing to the large number of villages which are allotted to the sanitary charge of each district medical officer and the large pupulation of these districts, the following Markazes have been divided into two Sections.

A special medical Officer and a clerk have been assigned to each Sub-Section.

The Markazes which have been sub-divided, are :—

Markaz.	Post of the Sub-Section.
Manfalût	El Qûsiya.
Luxor	Armant.
Tûkh	El Amâr.
Shibîn el Qanater	El Khânka.
Dishna	El Waqf.
Dikirnis	El Kurdy.
Disûq	Abu Mandûr.
Maghâgha	El 'Idwa.
Faiyûm	Ibshawâi.
Itsa	El Nazla.
Shubra (Cairo City).	

A third sub-section has been created in Faqûs Markaz and the Health Office has been posted at Geziret Eleiwa.

Health Offices have also been created in the following Bandars :—

Qena.
Shebin El Kom.
Benha.
Gîza.
Suhâg.
Mehalla El Kobra.

PASSENGER CONTROL. PORTS.

No cases of cholera occurred in Egypt during the last 7 years in spite of the fact that the Ports of Alexandria, Port Said and Suez are in constant communication with the cholera infected countries ; Kantara moreover is connected up with Syria and Palestine by the Palestine Railway which has simplified and shortered the journey between Egypt and Syria, and again between Syria and Irâq and Persia.

The country has been spared the ravages of cholera, owing to the stringent and effective measures enforced in the Ports, as regards the observation of passengers.

50,606 passengers arrived at Egyptian Ports from cholera infected or cholera suspected countries. Their addresses constantly recorded for the purpose of observation. 50,546 passengers were observed *i.e.* 99·88 per cent of the total passengers actually arriving.

The following lists give detailed statistics of passengers and the result of their observation at their destination.

STATISTICS OF PASSENGERS ARRIVING AT ALEXANDRIA

Month.	Passengers for Cairo.						Passengers for Interior.					
	1st and 2nd classes.			3rd class.			1st and 2nd classes.			3rd class.		
	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.
January	372	—	100	75	—	100	54	—	100	52	—	100
February	1,184	—	100	76	—	100	15	—	100	19	—	100
March... ..	2,263	—	100	85	—	100	21	—	100	36	—	100
April	455	—	100	70	—	100	21	—	100	42	—	100
May	107	—	100	105	—	100	30	—	100	69	—	100
June	72	—	100	90	1	98·90	47	—	100	44	—	100
July	105	—	100	175	—	100	112	—	100	82	—	100
August	782	—	100	299	—	100	244	—	100	226	1	99·55
September	739	1	99·86	471	—	100	407	—	100	403	—	100
October	1,008	—	100	418	—	100	438	—	100	187	—	100
November	308	—	100	203	1	99·50	112	—	100	167	—	100
December	226	1	99·25	173	—	100	49	—	100	65	—	100
TOTAL... ..	7,681	2	99·97	2,240	2	99·91	1,550	—	100	1,394	1	99·92

SHIPS AND CREW.

Month.	Ships during 1926.			Crew discharged.			Refugees from Black Sea and Near East.
	Ports under Arrête or Supplementary measures.	Other ports.	Total.	Found.	Not found.	Percentage found.	
January	78	91	169	42	—	100	159
February	75	76	151	47	—	100	123
March	105	110	215	88	—	100	120
April	108	126	234	60	—	100	65
May... ..	136	111	247	80	—	100	93
June	158	115	273	94	—	100	108
July	263	76	339	81	—	100	75
August	253	103	356	189	—	100	124
September	200	151	351	117	—	100	99
October	169	137	306	128	—	100	57
November	108	107	215	119	—	100	38
December	66	86	152	73	—	100	95
TOTAL	1,719	1,289	3,008	1,118	—	100	1,156

FROM COUNTRIES INFECTED WITH CHOLERA DURING 1926.

Passengers remained at Alexandria.						Passengers in transit.						Total.					
1st and 2nd classes.			3rd class.			1st and 2nd classes.			3rd class.			1st and 2nd classes.			3rd class.		
Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.
233	—	100	411	—	100	16	—	100	20	—	100	675	—	100	558	—	100
178	—	100	347	—	100	31	—	100	30	—	100	1,408	—	100	472	—	100
222	—	100	345	—	100	30	—	100	33	—	100	2,545	—	100	499	—	100
305	—	100	380	—	100	25	—	100	31	—	100	806	—	100	523	1	99·80
267	—	100	384	—	100	39	—	100	72	—	100	443	—	100	630	—	100
431	—	100	437	—	100	12	—	100	60	—	100	362	—	100	631	1	99·84
388	—	100	472	—	100	41	—	100	99	—	100	607	—	100	828	—	100
631	—	100	638	—	100	30	—	100	130	—	100	1,687	—	100	1,313	1	99·52
1,350	—	100	1,193	1	99·91	25	—	100	76	—	100	2,521	1	99·94	2,134	1	99·95
1,391	1	99·92	947	1	99·89	60	—	100	104	—	100	2,897	1	99·96	1,656	1	99·93
520	—	100	588	—	100	85	—	100	71	—	100	1,025	—	100	1,038	1	99·90
344	—	100	411	—	100	46	—	100	57	—	100	665	1	99·84	706	—	100
6,060	1	99·98	6,573	2	99·95	449	—	100	774	—	100	10,740	3	99·98	10,981	6	99·94

TOTAL OF PASSENGERS PROCEEDING TO : PORT SAID, KANTARA AND SUEZ.

Month.	Port Said.			Kantara.			Suez.			Total.		
	Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.
January ...	51	3	54	272	1	273	49	—	49	372	4	376
February...	63	2	65	238	1	239	88	—	88	389	3	392
March ...	94	3	97	626	5	631	637	1	638	1,357	9	1,366
April ...	107	6	113	590	9	599	176	—	176	864	15	879
May ...	91	1	92	585	13	598	174	5	179	850	19	869
June ...	62	2	64	329	14	343	136	—	136	527	16	543
July ...	44	1	45	387	8	395	70	—	70	501	9	510
August ...	50	2	52	411	5	416	149	—	149	610	7	617
September	59	5	64	304	1	305	94	—	94	457	6	463
October ...	84	0	84	276	8	284	52	—	52	412	8	420
November	37	1	38	286	3	289	52	—	52	375	4	379
December	81	3	84	253	3	256	34	1	35	368	7	375
TOTAL ...	823	29	852	4,557	71	4,628	1,702	7	1,709	7,082	107	7,189

ANNUAL STATISTICS OF PASSENGERS ARRIVING IN EGYPT FROM PORTS AND COUNTRIES INFECTED WITH CHOLERA, *via* PORT-TEWFIK DURING 1926.

MONTH.												Number of Ships.	Cairo.			Alexandria.			Canal.			Interior.			Total.		
											Observed.		Not found.	Total.	Observed.	Not found.	Total.	Observed.	Not found.	Total.	Observed.	Not found.	Total.	Observed.	Not found.	Grand Total.	
January	...	...	...	...	...	...	...	...	...	...	49	82	—	82	36	—	36	264	—	264	—	—	382	—	—	382
February	...	...	...	...	...	...	...	...	...	...	56	89	—	89	455	—	455	467	1	468	—	—	1,011	1	—	1,012
March	...	...	...	...	...	...	...	...	...	...	70	372	1	373	590	—	590	759	—	759	4	4	1,725	1	—	1,726
April	...	...	...	...	...	...	...	...	...	...	56	54	—	54	116	—	116	949	—	949	6	6	1,125	—	—	1,125
May	...	...	...	...	...	...	...	...	...	...	64	89	—	89	129	2	131	1,803	—	1,803	—	—	2,022	1	—	2,023
June	...	...	...	...	...	...	...	...	...	...	60	40	—	40	129	—	129	395	1	396	—	—	563	1	—	564
July	...	...	...	...	...	...	...	...	...	...	61	51	—	51	47	—	47	510	—	510	3	3	611	—	—	611
August	...	...	...	...	...	...	...	...	...	...	55	294	—	294	162	—	162	340	—	340	10	10	806	—	—	806
September	...	...	...	...	...	...	...	...	...	...	45	70	—	70	94	—	94	309	—	309	6	6	479	—	—	479
October	...	...	...	...	...	...	...	...	...	...	36	40	—	40	35	—	35	320	—	320	1	1	396	—	—	396
November	...	...	...	...	...	...	...	...	...	...	52	40	—	40	60	—	60	366	—	366	6	6	472	—	—	472
December	...	...	...	...	...	...	...	...	...	...	63	29	—	29	22	—	22	409	—	409	—	—	460	—	—	460
TOTAL											667	1,250	1	1,251	1,875	2	1,877	6,891	2	6,893	36	—	—	4	10,056		
PERCENTAGE												99.93	0.07	—	99.90	0.10	—	99.98	0.02	—	100	—	—	99.97	0.03	—	

STATISTICS OF PASSENGERS ARRIVING AT DAMIETTA FROM COUNTRIES
INFECTED IWTH " CHOLERA " DURING 1926.

Number of Ships.	Number of Crew.	Number of Passengers.	Total.	Result of Observations.
198	1,563	26	1,589	Observed for the fixed period and found in good health.

OBSERVATION OF PASSENGERS ARRIVING BY LAND ROUTE.

The Department has continued to observe passengers coming to Egypt *via* Kantara in accordance with Law No. 3 of 1918. 19,152 passengers arrived at Kantara of whom 19,023 were observed *i.e.* a percentage of 99.33.

STATISTICS RECORDING THE RESULT OF OBSERVATION OF PASSENGERS PASSING THROUGH KANTARA DURING 1926.

MONTH.												Cairo.			Alexandria.			Canal.			Interior			Total.			1st. Class Passengers.	By Roads.	
												Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.						
January	472	7	479	238	—	238	283	2	285	59	—	59	9	1,052	9	1,061	700	50
February	682	1	683	181	1	182	396	1	397	46	1	47	4	1,305	4	1,309	1,652	12
March	736	2	738	280	6	286	264	2	266	34	—	34	10	1,314	10	1,324	1,922	—
April	879	8	887	441	10	451	328	4	332	88	1	89	23	1,736	23	1,759	1,116	—
May	972	4	976	462	9	471	701	1	702	1,258	3	1,261	17	3,393	17	3,410	570	5
June	558	4	562	287	7	294	324	—	324	88	1	89	12	1,257	12	1,269	223	17
July	562	0	562	336	2	338	413	—	413	102	—	102	2	1,413	2	1,415	268	1
August	731	8	739	369	4	373	514	1	515	82	—	82	13	1,696	13	1,709	271	—
September	819	1	820	265	—	265	451	1	452	130	2	132	4	1,665	4	1,669	258	9
October	830	1	831	242	3	245	420	2	422	114	4	118	10	1,606	10	1,616	358	51
November	628	1	629	243	3	246	452	5	457	136	1	137	10	1,459	10	1,469	336	53
December	550	6	556	205	2	207	286	6	292	89	1	90	15	1,127	15	1,142	881	7
TOTAL												8,419	43	8,462	3,546	47	3,593	4,832	25	4,857	3,226	14	3,240	19,023	129	19,152	8,505	205	
PERCENTAGE												99.5	0.5	—	98.7	1.3	—	99.5	0.5	—	99.6	0.4	—	99.33	0.67	—	—		

AERIAL TRANSPORT.

In view of the continued increase of the aerial communications and the inauguration of an air line between Cairo, Baghdad and Besra, a Quarantine Camp was created at Helio-polis, where all aeroplanes are compelled to land. The camp is used for the isolation of all persons suspected to be suffering from infectious disease and for quarantining persons coming from infected countries.

The passengers of aeroplanes, which are compelled to land in other places of the country are also observed.

HEDGAZ MISSIONS.

The route to Medîna has now been opened, and is probable that a large number of pilgrims will proceed to that centre. As all pilgrims pass through Yombo on their return from Medîna, the Department has decided to send a Medical Mission with a dispensary to Yombo, in addition to the Medical Missions sent with the Mahmal, to Jedda and Mecca.

The Missions for Jedda and Mecca left Suez on May 21, 1926 and as soon as they have arrived, a dispensary at Jedda and another at Mecca were erected.

Pilgrims flocked in great numbers to the Mecca dispensary ; so great were the number of pilgrims attending this dispensary, that all the drugs were used up in a short time.

For political reasons, the Mahmal returned to Tor, after the performance of the Pilgrimage, without visiting Medîna. The Mecca dispensary returned with the Mahmal.

An unfortunate incident took place ; when the equipment of the Mecca dispensary was being packed for dispatch, a tin containing spirit exploded and its explosion caused the death of the Medical Officer, the Disinfector, and Bash Tamorgy of the dispensary.

RETURN OF PILGRIMS.

The Departmental Order containing the instructions which should be followed in the observation of pilgrims on their return from the Hedgaz was re-published. The Ministry of the Interior was requested to issue the necessary instructions to the Idâra Officials to instruct Omdâs and Sheikhs to order the pilgrims to present themselves at the Health Offices immediately on their return from the Hedgaz and to report any pilgrim who had died or had fallen sick. The Ministry issued the necessary instructions.

An Epidemic Inspector was detailed for Suez, to supervise the work in connection with the return of pilgrims ; a temporary pilgrim office was installed staffed by one Medical Officer and one clerk.

It was noticed that the opening of the doors overlooking the quay led to the departure of some pilgrims without first passing through the Health Control Office. It was noticed also that some of the Port Policemen met the pilgrim ships at sea before their arrival at the quay. The Department, therefore, communicated with the Ministry of the Interior requesting that necessary instructions should be given.

It is thought advisable to send a delegate from the P.H.D. to Tor, next year, having first obtained the consent of the Ministry of Interior and Quarantine Board ; this delegate would supervise the drawing up of pilgrim lists and check them by comparing them with the list of pilgrims in each ship.

The Department considered it necessary also to submit a request to the E.S.R. Administration, that they should issue instructions to their staff to the following effect : when a pilgrim leaves the train at a Station other than that to which he has booked, the Railway Staff in charge of the Station should inform the Medical Officer of the District in which that particular station is situated.

A large number of pilgrims return to the station at Cairo either for the purpose of remaining in the city or for catching the connection for their destinations in Upper Egypt.

In consequence of this, the Department made arrangements with the E.S.R. Administration to allot a special platform for pilgrim trains on their arrival and also to prevent the issue of platform tickets to persons whose intention it is to meet the pilgrims.

The number of pilgrims who arrived from Hedgaz *via* Port Tewfik during the period from July 28, 1926 to August 19, 1926 was 16,959. They were all traced and observed with the exception of 4 who could not be found.

TOR QUARANTINE STATION.

This station was opened on the July 1, 1926 and closed on August 18, 1926. 17,793 pilgrims were quarantined at the station. Pilgrims who arrived after August 18, were quarantined in Shatt Lazaret.

OBSERVATION OF PILGRIMS IN SINAI.

Some pilgrims are accustomed to enter Egypt *via* Sinai in order to escape the sanitary measures taken with those arriving *via* Suez, as quarantining them at Tor, examining them medically on arrival at Suez and the observation of their health as soon as their arrival to their towns.

As the arrival of these pilgrims *via* Sinai and their entrance to Egypt without taking the sanitary measures would expose Public Health to danger, as they may be infected with cholera or with one of the other infectious diseases, thus transporting the infection to the inhabitants of the country, it was decided to appoint regular patrols in Sinai as usually done every year.

Two Medical Officers were detailed for work during this Maamouria commencing on July 1, 1926. Each was furnished with a motor car to use in his tours on the Caravan routes in the desert and the examination of the pilgrims which will be detained by the policemen of the Frontiers Administration.

The number of pilgrims intercepted at Sinai was 20. The Maamouria terminated on September 30, 1926.

LIST OF SHIPS CARRYING PILGRIMS FROM TOR TO SUEZ DURING 1926.

Date.		Name of Ships.	Egyptians.	Foreigners	Total.
July	6	Abbasîya	1,115	43	1,158
„	8	„	1,143	—	1,143
„	8	Qena	905	11	916
„	9	Eleini	117	88	205
„	10	Abbasîya	545	54	599
„	10	Qena	582	48	630
„	12	Abbasîya	1,059	57	1,116
„	13	Bûlâq	669	—	669
„	13	Mansûra	81	28	109
„	14	Brobondise	152	86	238
„	28	Bûlâq	962	3	965
„	28	Borollos	623	11	634
„	29	Riad	8	26	34
„	30	Borollos	373	27	400
„	30	Bûlâq	563	—	563
„	31	Eleini	148	73	221
August	1... ..	Bûlâq	1,167	—	1,167
„	1... ..	Qena	944	—	944
„	2... ..	Brobondise	440	30	470
„	3... ..	Bûlâq	565	2	567
„	4... ..	Qena	949	—	949
„	5... ..	Bûlâq	1,156	7	1,163
„	8... ..	Qena	1,166	—	1,166
„	9... ..	Abbasîya	648	15	663
„	9... ..	Mansûrah	34	77	111
„	19... ..	„	18	142	160

LIST OF SHIPS CARRYING PILGRIMS TO SUEZ DURING 1926 AFTER THE CLOSURE
OF TOR LAZARET.

Date.	Name of Ships.	Number of Egyptians.	Number of Foreigners.	Total.	Isolated in Shutt.	Isolated in Hospital.	Not isolated.
1926							
August 26	Mossawâ ...	3	12	15	15	—	—
September 6	Mansûra ...	19	14	33	33	33	—
„ 6	Mossawâ ...	2	12	14	14	—	—
„ 9	On Foot ...	1	—	1	1	—	—
„ 24	Mansûra ...	5	—	5	5	—	—
„ 27	Mansûra ...	12	30	42	42	—	—
October 4	Mossawâ ...	—	13	13	—	—	—
„ 9	Borollos ...	2	4	6	6	—	—
„ 18	Bûlâq ...	2	1	3	—	—	—
„ 18	Mossawâ ...	—	7	7	7	—	—
November 24	Bûlâq ...	2	2	4	—	—	—
December 1	Mossawâ ...	2	1	3	3	—	—
„ 5	Qena ...	6	—	6	—	—	—
„ 6	Sambûk ...	—	2	2	—	—	—
„ 9	Sambûk ...	3	—	3	—	—	—
„ 16	Mossawâ ...	—	4	4	4	—	—
„ 25	Borollos ...	—	2	2	—	—	—
„ 27	Sambûk ...	1	—	1	—	—	—
„ 31	Managim ...	—	1	1	—	—	—

CONTROL OF THE RED SEA COASTS.

As some of the cattle dealers of Hedgaz enter Egypt from the Western Red Sea Coasts for the sale of their cattle and as the failure to observe the health of such persons is a source of danger for the possibility of transporting the infection of diseases by such persons, the Department decided to take the necessary measures for their observation and for this purpose has come to the following agreement with both the Quarantine Board and the Frontiers Administration :—

Isolation for 5 days of all persons sailing in barges (Sanbouks) from the Hedgaz during the pilgrimage season and their strict observation for cholera with notification lists to their destinations for their subsequent observation there. Pilgrims arriving on board ship to be sent to Tor.

It was also decided to pay a reward of L.E. 2 to each person intercepting any pilgrim landing from the Hedgaz.

FEVER HOSPITALS.

Fever Hospitals with the exception of those of Port Said and Tanta were attached to the General Hospitals Section. On April 5, 1926, Departmental Order No. 42 was issued prescribing that Fever Hospitals with the exception of those annexed to Alexandria and Suez Hospitals should be detached from the General Hospitals Section and attached to the Health Department.

Medical Officers of Bandars were charged with the work of the Fever Hospitals, for which no Medical Officers are appointed.

The following list shows the number of patients treated in the Fever Hospitals during 1926 :—

TABLE SHOWING THE NUMBER OF PATIENTS TREATED IN THE
FEVER HOSPITALS DURING THE YEAR 1926.

HOSPITAL.	Admitted.			Discharged.				Remaining
	Existing.	Admitted.	Total.	Cured.	Improved.	Died.	Total.	
Abbasiya	102	2,533	2,635	3,329	6	221	2,556	79
Suez	11	1,587	1,597	1,545†	—	35	1,580	17
Tanta	3	485	488	440	—	32	472	16
Mansûra	—	164	164	157	—	7	164	—
Zagazig	2	226	228	208	9	9	226	2
Miniya	8	201	209	194	2	8	204	5
Asyût	1	134	135	106	11	13	130	5
Qena	1	46	47	45	—	2	47	—

† Of this number 792 for observation.

PROPAGANDA.

During the year this Office has made rapid strides with this work. It obtained cinématographical films dealing with the following subjects :—

The fly danger.
 Mother's Milk and the Baby.
 The Advantages of pure milk.
 In His Father's Footsteps.
 Public Health Twins at work.
 The end of the Road.
 The Gift of Life.
 Venereal Diseases.

The films were exhibited to the Public in Asyût, Benhæ, Damanhûr and Alexandria, by the special machine belonging to the Office. Very large audiences were present at the exhibitions, a fact which gives to considerable hope for the success of this method. These films were also exhibited in various villages of Lower and Upper Egypt.

The Office, moreover, has prepared a large amount of Sanitary Advice intended for publication in daily papers and weekly, fortnightly, and monthly magazines. The greater part of it has been actually published.

The Office has also printed pamphlets on the following subjects :—

P.H.D. ——— 42. B.	Inf. Dis.	"Directions for those who have Gonorrhœa."
P.H.D. ——— 42. A.	Inf. Dis.	"Venereal Diseases : Syphilis & Gonorrhœa."
P.H.D. ——— 5.	Ankylostoma & Bilharzia	"Ankylostoma."
P.H.D. ——— 43. B.	Inf. Dis.	"Malaria."
P.H.D. ——— 2.	Ank. & Bil.	"Notice to Bilharzia and Ankylostoma Patients."
P.H.D. ——— 10.	Ank. & Bil.	"Protection from Ankylstoma and Bilharzia."
P.H.D. ——— 1.	Ank. & Bil.	"Notice to Bilharzia and Anklystoma Patients."
P.H.D. ——— 11.	Inf. Dis.	" <i>Fatwa</i> on Anklystoma."
P.H.D. ——— 7. B.	Inf. Dis.	"Treatment of Anklystoma and Bilharzia."
		"The Evil of Taking Cocaine."

MALARIA.

Malaria is not generally notifiable as was stated in last year's report. The notifications, are however, confined to the police, army, gaffirs and other people who present themselves for treatment on their own accord.

881 cases were reported in the whole country during the year 1926, distributed according to the attached list.

The number of cases recorded during the last 7 years are as follows :—

Year.	Cases
1919	1,683
1920	1,870
1921	2,012
1922	1,078
1923	507
1924	2,448
1925	7,251

This remarkable decrease is mainly due to the control of the disease at Gebel Asfar. Statistics of the disease for 1923, 1924, and 1925 in this area are shown below. Malaria was stamped out from this area as a result of the completion of the drain referred to in last year's report and of the drying of the birkas which were known to be prolific breeding places.

Year.	Cases.
1923	175
1924	1,646
1925	1,783
1926	51

As regards Edku at which the disease appeared in epidemic form last year, only 460 cases were reported as compared to 4,502 cases in the preceeding year.

It is gratifying to note that the disease has not appeared in an epidemic form, in any locality this year.

The Department has according to practice issued large quantities of quinine gratuitously in all places where it was customary for the disease to appear, and where it is endemic.

The following table shows the amount of quinine issued in the year 1926 compared with the years 1924, 1925 :—

DISTRICT.	5 gr. Pills			2gr. Pills.		
	1924	1925	1926	1924	1925	1926
Oases	25,000	70,500	25,000	5,700	1,300	38,500
Gebel el Asfar	143,000	293,500	153,000	10,000	13,000	8,000
Canal Zone	5,000	110,400	86,395	—	3,500	7,300
Kom Ombo	1,200	500	2,000	1,700	500	1,000
Derr	700	7,000	1,500	1,600	8,300	3,300
Other Localities	411,120	399,855	433,105	196,680	152,130	149,900

Law No. 1, 1926 has been issued during the year :—

At the request of the Department, H.E. the Minister of Interior has consented to its application to Giza Bandar ; necessary arrêts are being prepared in order to apply it to Cairo City, Faiyûm, Benha, Kafr el Dawar, Sembellawein and Samanûd Bandars, Suez and Port Tewfik, Canal Zone and Gebel Asfar Zones.

At the request of the League of Nations, the Department detailed two Medical Officers to proceed to England and Italy to study Malaria scientifically and practically.

The Medical Officers completed their studies and necessary arrangements are being made to make use of their experience by instituting Malaria Stations in Malarious Districts, on the same scale as those established in Italy. It is predicted that these stations will yield valuable services and give entire satisfaction.

DETAILED INCIDENCE OF MALARIA DURING 1926.

Locality.	January.	February	March.	April.	May.	June.	July.	August.	September.	October.	November	December.	Total.
Cairo	—	—	2	—	—	1	—	2	4	3	—	2	14
Port Said	3	—	—	—	—	1	3	1	6	2	4	—	20
Ismailia	—	—	—	—	—	1	5	2	13	14	12	5	52
Kantara	—	—	—	—	—	1	—	—	3	3	—	—	7
Suez... ..	5	4	4	1	4	1	3	5	11	16	7	9	70
Rashid	1	2	2	—	—	—	—	—	—	—	—	—	3
Abu Qîr	—	—	1	—	—	—	—	—	—	—	—	—	1
El 'Atf	—	—	—	—	—	—	—	1	—	—	1	1	3
Idku	—	—	—	—	—	—	—	156	304	—	—	—	460
Ramleh	—	—	—	—	—	—	—	—	1	1	—	—	2
Dikirnis	—	—	—	—	—	—	—	—	—	—	1	—	1
Talkha	—	1	—	—	—	—	—	—	—	—	—	—	1
Samanoud	—	—	—	—	—	—	—	—	1	—	—	—	1
Santa	—	—	—	—	—	—	—	—	2	9	—	—	11
Mehala el Kubra	—	—	—	—	—	—	—	—	—	2	—	—	2
Zifta	—	—	—	—	—	—	—	—	—	—	1	—	1
Tanta	—	—	—	—	—	—	—	—	—	—	—	1	1
Gebel Asfar	—	4	1	2	1	1	—	14	7	16	2	3	51
Qalyûb	—	—	—	—	—	—	4	—	2	4	—	1	11
Tûkh	—	—	—	—	—	—	—	—	2	—	—	—	2
Minûf	—	—	1	—	—	—	—	—	1	2	1	—	5
Quweisna	—	—	—	—	1	—	2	—	—	8	4	1	16
Shibin e lKôm	—	—	—	—	—	—	—	5	—	2	—	—	7
Ashmûn	—	—	—	—	—	—	—	1	2	—	—	—	3
Tala... ..	—	—	—	—	—	—	—	—	1	1	1	—	3
Zagazig	—	—	1	—	—	—	2	5	—	4	2	—	14
Minyet el Camh	—	—	—	—	—	—	1	—	1	—	—	1	3
Hihya	—	—	—	—	—	—	—	1	2	—	—	—	3
Fâqûs	—	—	—	—	—	—	—	1	—	—	—	—	1
Kafr Saqr	—	—	—	—	—	—	—	1	—	—	—	—	1
Bilbeis	—	—	—	—	—	—	—	—	3	1	2	—	6
El Gîza	—	—	—	—	—	—	—	—	—	2	—	1	3
El 'Aiyât	—	—	—	—	—	—	—	—	—	1	—	—	1
Beni Suef	—	—	—	—	—	—	—	—	—	—	1	1	2
Eiba... ..	—	—	—	—	—	—	—	—	—	—	3	—	3
El Faiyûm	4	—	—	—	—	—	—	—	3	2	6	2	17
Sinnûris	2	2	—	—	—	1	—	—	10	16	4	12	47
Itsa	4	—	—	—	—	1	—	1	—	—	—	—	6
Minya	1	—	—	—	—	1	—	—	—	6	2	—	10
Asyût	—	—	—	—	—	1	—	1	—	—	3	1	6
Abu Tîg	—	—	—	—	—	—	—	1	—	—	—	—	1
El Badari	—	—	—	—	—	—	—	—	1	—	—	—	1
Manfalût... ..	—	—	—	—	—	—	—	—	—	—	2	—	2
Girga	1	—	—	—	—	—	—	—	—	—	—	—	1
Sohâg	1	1	—	—	—	—	—	—	—	—	—	—	2
Dishna	—	1	—	—	—	—	—	—	—	—	—	—	1
Aswân	—	1	—	—	—	—	—	—	—	—	—	—	1
Idfu... ..	—	—	—	—	—	—	—	—	1	—	—	—	1
TOTAL	22	14	12	3	6	10	20	198	379	117	60	40	881

INVESTIGATIONS.

Investigations were confined this year to the places where necessity called for them that is to say either on account of the appearance of an epidemic or of complaints regarding the spread of mosquitos; this is mainly because there are numerous large projects which have not yet been commenced. It is expected that reinvestigations will be carried out in the localities where the projects have been executed in order to estimate the amount of progress made.

The most important place where investigations have been carried out, is Tor; some cases occurred here about the end of 1925. Mosquito breeding takes place in wells situated near houses and the springs used for watering palm groves. In addition to these two

sources, rain storms occur in this locality ; during the course of these ran water channels to depressions, which are below sea-level are formed and these become prolific breeding grounds. The Department asked the Anti Malaria Commission to undertake the work in this area and as a result disused wells and springs have been stocked with fish.

Some cases of malaria have occurred at Temai El Amdid, Simbellawein District. Investigations carried here proved that the incidence of the disease was 38 per cent of the population. The Department referred the question to the Anti Malaria Commission in order that it should be studied by the Sub-Committee of Daqahlîya.

A Spleen count was made at the following places at the request of the Anti Malaria Commission :—

Locality.	Markaz.	E. S.
		%
Roena	Kafr el Sheikh.	10
Owish el Haggar	El Mansûra.	6
Kalama	Kalyûb.	—
Kafr Abu Gom'a	"	—
El 'Aysha	Zifta.	5
El Birâshîya	Fariskûr.	40
Kafr el Muhammadiya	Mît Ghamr.	4
Umm el Zein... ..	"	4
Mît Abu Khâlid	"	4
Kafr el Mayâsra	Fâriskûr.	16
El Ghuneimîya	"	15
Zeftit Shalakan	Shibîn el Qanâtir.	18
Kafr el Badâmâs	Mansûra.	2
Ibshâwâi	Tanta.	34
El Manshâh	Girga.	—
El Barghûti	El 'Aiyât.	—

MOSQUITO DESTRUCTION.

At the request of some Municipalities and Local Commissions, a certain number of surveyors have been trained in the work of mosquito destruction. The following instructions have been laid down and forwarded to the Municipalities Section for guidance.

WORKS EXECUTED DURING THE YEAR.

Canal Zone.

The Anti Malaria Commission placed a sum of L.E. 5,267 at the disposal of the Sub-Committee.

Serapium Drain.

This is situated east of Serapium along the Suez Fresh water canal beginning with kilometre 142, running south and cutting a series of Birkas ; then reach kilometre 145 where several branch drains escape, which drain large marshy areas ; it finally passes through a large Birka which it drain at kilometre 95.500 on the maritime canal.

This was finished about August. The Area drained was 500 feddans costing L.E. 4,136.

Two objects were achieved :—

(a) The drainage was improved in this zone.

(b) Various Birkas and Swamps, which bred anopheline mosquitoes, were dried off.

The work has been very successful and the land has been considerably improved.

Geneja Drain.

This is expected to be completed by the middle of 1927 and the area to be drained will be over 500 feddans, the cost of the work being about L.E. 3,869.

The double advantage to be gained here will, as in the case of serapium drain be eradication of malarial breeding grounds and considerable improvement of the lands for cultivation purposes.

This drain with its outfall into the serapium end of the great Bitter Lake will drain Birkas and marshy ground on the west of the Suez Fresh Water Canal and pass by a syphon under the canal, crossing it about one kilometer North of Geneva Railway Station; it will then traverse a low-lying malarial area running across the desert.

Several branch drains are being made through low-lying land to connect up with the main drain. The whole will then form a net work.

Nefîsha.

Two Birkas of about $2\frac{1}{2}$ feddans each have been filled, the cost of which was L.E. 620.

Suez Town.

A drain was cut in Hod el Arbaîne for the purpose of improving drainage in this area; the cost was L.E. 136.

The Department continued the maintenance of the works, undertaken in the Canal Zone from the budget of the Anti Malaria Commission, as stated in the last year's report.

During the year the gang employed by the Irrigation Department has been placed under the control of the Public Health Department thus all maintenance work is now under the control of that Department, the budget of the Anti Malaria Commission, except in the area of the Suez gardens where the work has been executed on the Department's budget since 1907.

Cairo.

The work carried out in Cairo and its suburbs are as follows:—

(1) Filling in of a Birka at Tûra cubic metrage 12,000.

(2) Filling in of a Birka at Matariya cubic metrage 3,420; the value of the land filled in is estimated at L.E. 600.

(3) Filling in of a Birka at Wailiya El Kebîra, cubic metrage 7,000; area reclaimed 4 feddans, cost L.E. 1,200.

(4) Filling in of 3 Birkas, one near El Hayât Hospital, one alongside the aerodrome road, and the third south of Ezbet Helwân el Kebliâ.

The cube area filled is approximately 9,800 cubic metres.

A sum of L.E. 2,375 was assigned for the whole of this work.

Some works were carried out in the Frontiers District at El Arish, Bahariya Oasis, Sidi Barrani, Kharga and Dakhla Oases; they consisted of the filling in of Birkas and the repairing of drains.

Details of all these works are stated in the report No. 2 of the Anti-Malaria Commission.

Other important works were undertaken in Damanhûr and a Birka was filled in at Mansûra.

As regards Rural Districts the Saft el Enab projects were completed and some Birkas were filled in at Abu Kîr, Ashmant, Wasta District, Damat, Tanta District, Kafr el Dawâr, Zawra and Kutiba, Belbeis District, Mit el Nassara, Dekerness District. All these works are mentioned in detail in the annual reports of the Anti Malaria Commission.

EGYPTIAN STATE RAILWAYS BORROW-PITS.

According to the agreement of the Department with the Anti-Malaria Commission namely that it should furnish the Egyptian State Railway annually with the priority list of dangerous Birkas and borrow-pits, from the Malaria point of view, the Egyptian State Railways set aside a sum of L.E. 5,992 from its budget for this work and undertook the filling of 55,940 cubic metres in the following places:—

(1) Completion of Birkas at Genefa, commenced in 1925–1926. 19,000 cubic metres cost L.E. 1,970.

(2) Filling in the Birka between Abou Soer and Wasfiya Station. 12,227 cubic metres cost L.E. 1,452.

(3) Filling in the Birka at Tîna Station. 8,993 cubic metres cost L.E. 962.

(4) Filling Gannabia beginning kilometre 13 and northward to a distance of about 900 metres Montazah, Nozha Zone. 11,500 cubic metres cost L.E. 1,130.

(5) Filling in Birka between the Cotton Factory and Mehalla El Kebîra St. 4,200 cubic metres cost L.E. 477.

One of the finest examples of the success obtained in the attempted eradication of Malaria is that of the Gebel Asfar Zone, the disease has been completely eradicated as a result of the cutting of a large drain.

New infections have ceased to occur. A permanent gang of workmen has been appointed to maintain this drain free of growth and vegetation.

The maintenance of the works formerly executed at Derr has been continued. The number of wells and Sakias stocked with fish is 865 of which 490 wells were stocked with 3,758 fish and 357 Sakias stocked with 5,495 fish *i.e.* 15 fish per Sakia and 7 per well.

The Public Health Inspector of Aswân inspected the villages in which the disease appeared in 1920 : he found the condition entirely satisfactory.

Fish stocking.

102 Birkas and 5 fountains in Lower Egypt were stocked with 134,085 fish, 15,470 of which were of the Cypronodon variety, the remainder being of the bolti variety.

Arrangements have been made for the destruction of mosquito larvæ in the Sakias situated in the Gebel Asfar zone commencing with those of Marg, Kaleb, and Khessûs. A Birka in this locality will also be dealt with.

INSTRUCTIONS FOR THE DESTRUCTION OF MOSQUITOS.

It is to be noted that generalised schemes, in towns, of prevention of mosquito breeding in cesspits and gardens should not be undertaken if the success of the scheme as a whole would be interfered with by unfilled or undrained Birkas.

In the event of such birkas being filled in, the following points remain to be determined in estimating the possibilities of embarking on a scheme with success.

I.—What is the extent of the work in controlling cesspits by disposing of their contents during low Nile and high Nile respectively.

The control of cesspits deals with :—

(1) Houses furnished with water-flush, trapped closets, and properly closed and ventilated cesspits.

(2) Houses with water laid on but not piped to the closets, and in which the cesspits are simply pits in the ground communicating with the closet by a shaft.

(3) Houses similar to (2) as regards closets and cesspits but in which water is not laid on.

As regards houses under category (1) such cesspits can be kept free of mosquito breeding by wiring the ventilating pipes and by the proper closing of the manhole.

In the case of Nos. 2 and 3, if they contain water they can only be dealt with by oiling with paraffin.

An exact survey of the number of cesspits involved and an estimate of their square meterage must be made. The question as to whether they contain water during high Nile only or at all times of the year must be settled.

These data being obtained, the Municipality will be able to decide whether from point of view of cost it can afford to undertake the work of the control of cesspits, by periodical oiling, for the whole town for the whole of the summer, or for part of the summer only, during low Nile or when cesspits do not contain any water at all.

II.—Are there any open lands which become flooded during Nile flood and do not come under the definition of a Birka. It is not, therefore, possible to take the usual measures in this connection.

It is of no use oiling such places ; they are very fruitful breeding grounds, and if they are scattered over the town it is obviously useless to attempt cesspit control until such places have been dealt with by filling in.

The fact is that an urban mosquito campaign stands a chance of being successful only in the following two cases :—

(a) Where there is an efficient town system of drainage.

(b) Where the subsoil water is at a lower level than the cesspits and the Birkas of the place have been dealt with.

In both instances a successful campaign can usually be waged during the summer months at least while the Nile is low.

When the Nile rises, the possibility of the campaign being maintained with success depends entirely on the areas of breeding places produced by that rise and their nature. As a general principle then it may be stated that it is waste of money for a Municipality whether it possess a drainage system or not to start an Anti-mosquito campaign until it has determined the amount of breeding grounds, first in high Nile then in low Nile.

If these breeding grounds are cesspits only it will then be a simple matter of calculation to determine the cost which the Municipality will afford for the scheme of campaign.

It is to be remembered that urban mosquito campaigns are directed practically entirely against a type of mosquito which has not so far been implicated in carrying disease in these towns.

The following are the rules for destroying mosquitos :—

(1) The measures for the destruction should be carried on weekly.

(2) In each room search should be made for any receptacles containing water such as pails, water jugs, *Zeers*, *Gullas*, flowerpots, etc. The water in these should be emptied and the receptacle allowed to dry before replenishing with fresh water if this is necessary.

(3) A drain pipe which is not in use should be flushed with water.

(4) Any garden fountains or tanks, unless stocked with fish, should be emptied and allowed to dry before being refilled. If the tank cannot be properly emptied the surface of the water should be covered with petroleum as hereafter described.

(5) All stable or other open gulleys, washing troughs etc. should be flushed out, or emptied, or petroleum used.

(6) The ventilating shafts of cesspits and drains should be covered with fine gauze and the manhole doors on the cesspools and inspection chambers effectively sealed in such a way that any mosquito breeding in the cesspits and drain are unable to escape the cesspit should be oiled weekly.

(7) All collections of water in the neighbourhood which do not dry up should be treated with petroleum or cyllin. Small collection in places protected from the wind and containing no vegetation should be treated with either petroleum or cyllin. Large collections of water exposed to the wind or containing vegetation are unsuitable for treatment by petroleum since wind forces the film of petroleum on the surface of the water to one side and the presence of vegetation prevents the film of petroleum efficiently covering the water. Cyllin should therefore be used in such cases.

(8) Water used for drinking or other domestic purposes should not be treated either with cyllin or with petroleum. Tanks containing such water must be fitted with well fitting covers to prevent the access of mosquitos.

The petroleum to be used is a mixture of two parts of crude petroleum to one part of refined petroleum.

The quantity required is $1\frac{1}{2}$ litres per square meter of surface. The proper quantity of the mixture should be poured on to the collection of water and spread by stirring it with a stick. If access cannot be obtained to the water as for instance in the case of a cesspit, a slightly larger quantity two litres per square meter, should be used.

PRELIMINARY WORK NECESSARY BEFORE COMMENCING THE CAMPAIGN.

(1) To count the houses.

(2) To count the concrete cesspits.

(3) To count the percolating cesspits.

(4) To count the stables and sheds adjoining the houses.

(5) To count the houses which contain no latrines.

(6) To count the houses with insanitary cesspits.

ARTICLES REQUIRED.

- 3 Axes with handles.
- 3 Fasses.
- 2 Shovels.
- 3 Keys for lids.
- 7 Hooks.
- 3 Pails.
- 3 Koreik.
- 3 Irrigator.
- 1 Hand-cart for petroleum.
- 1 Electric Battery.
- Quantities of refined and crude petroleum.

GANGS.

A gang is composed of one overseer and three labourers ; its number is liable to be increased according to the size of the town, and their wages are fixed according to the locality at which the gang is working.

Before commencing the work, the uses of this campaign should be published in the town by posters.

**Loi No. 1 de 1926 édictant des mesures en vue de combattre
la propagation de la malaria**

NOUS, FOUAD I, ROI D'EGYPTE,

Le Sénat et la Chambre des Députés ont adopté ;

Nous avons sanctionné et promulguons la Loi dont la teneur suit :

Art. 1.—Notre Ministre de l'Intérieur pourra, par arrêté, prescrire que les dispositions de la présente Loi seront applicables, en tout ou en partie, dans certaines villes ou villages, ou parties de villes ou villages et au besoin dans un rayon n'excédant pas trois kilomètres à partir de la périphérie d'après les indications et limites qui seront mentionnées dans le plan annexé à l'arrêté ministériel.

Art. 2.—Toute citerne ou autre réservoir d'eau destinée à l'alimentation doit être construit et maintenu en état, de manière à être et à rester inaccessible aux moustiques.

Tout Zir, barrique ou autre récipient mobile destiné à contenir de l'eau doit être employé en prenant les précautions nécessaires pour empêcher qu'il soit accessible aux moustiques.

Toute fontaine, bassin artificiel ou réservoir d'eau pour l'irrigation des jardins ou pour tout autre usage doit être maintenu libre des larves des moustiques, soit par un nettoyage hebdomadaire, soit par l'introduction de poissons se nourrissant des dites larves et fournis gratuitement par l'Administration.

Les cavités ménagées pour rattacher les tuyaux d'irrigation doivent être construites de manière à ne pas retenir l'eau.

Toute flaque dans les jardins, cours ou terrains libres doit être supprimée ou traitée de façon à empêcher la production des moustiques.

Art. 3.—Les dispositions qui précèdent doivent être observées en tant qu'elles sont applicables, pour tout bateau ou embarcation de navigation intérieure se trouvant dans les limites des villes, villages ou zones visés dans l'arrêté prévu à l'article premier.

Art. 4.—Tout tuyau d'aération ou de ventilation d'eau potable ou d'eau d'égout doit être couvert d'une toile métallique de façon à empêcher l'entrée et la sortie des moustiques.

Toute fosse doit être pourvue d'un couvercle de façon à empêcher le passage des moustiques.

Toute fosse, égout ou conduit qui n'est plus en usage, doit être supprimé ou comblé.

Art. 5.—Dans les fondations, caves et souterrains des maisons qui sont susceptibles d'être inondés pendant la crue du Nil, on devra procéder aux travaux nécessaires pour empêcher la production des moustiques, soit en surélevant le niveau du sol, soit en adoptant d'autres mesures appropriées.

En ce qui concerne les excavations faites pour la fondation des maisons, on devra, au cours du travail, se conformer aux prescriptions qui seront indiquées aux mêmes fins par l'Administration de l'Hygiène Publique.

Toute autre excavation existant autour des maisons ou dans les terrains à bâtir devra être comblée.

Art. 6.—Il est interdit de construire ou d'installer une *sakieh* sans avoir donné un avis préalable à l'Administration de l'Hygiène Publique qui pourra prescrire toutes les mesures prophylactiques qu'elle jugera nécessaires.

Des mesures semblables pourront également être prescrites pour toutes *sakiehs* déjà installées.

Art. 7.—Tout puits, quel qu'il soit, devra être recouvert de manière à demeurer inaccessible aux moustiques et devra, en outre, être pourvu d'une pompe pour l'élévation de ses eaux.

Aucun puits ne pourra être creusé sans qu'avis ait été préalablement donné à l'Administration de l'Hygiène Publique qui indiquera les mesures prophylactiques à prendre en vue de prévenir et d'éviter la formation de tout foyer de moustiques.

Dans les régions qui seront désignées par arrêté, pris par le Ministre de l'Intérieur d'accord avec le Ministre des Travaux Publics, le creusement des puits pourra être subordonné à une autorisation préalable délivrée par l'Administration de l'Hygiène Publique.

Art. 8.—L'Administration de l'Hygiène Publique pourra, aux fins de prévenir et d'éviter la formation de foyers de moustiques dans les rigoles et drains privés, prescrire toutes mesures prophylactiques qu'elle croira nécessaires.

Art. 9.—Sur l'ordre de l'Administration de l'Hygiène Publique, il devra être procédé au drainage de tous étangs, marais et eaux stagnantes se trouvant sur un terrain quelconque, susceptible d'être drainé.

Dans ce cas il sera fait application des dispositions des articles 11, 12 et 13 de la présente Loi.

Art. 10.—Toute *birka* privée, en attendant qu'elle soit drainée ou remblayée aux termes des Lois Nos. 5 de 1914 et 18 de 1916, doit être maintenue libre des larves de moustiques, par l'introduction et le maintien de poissons se nourrissant des dites larves et fournis gratuitement par l'Administration, si l'eau de la dite *birka* permet l'élevage des poissons.

La pêche dans la dite Birka est prohibée, sauf autorisation spéciale qui pourra être accordée par l'Administration de l'Hygiène Publique.

Art. 11.—Si l'Administration de l'Hygiène Publique estime qu'il y a lieu soit de combler une rigole ou un drain quelconque, soit de les couvrir, soit de les faire communiquer avec une autre rigole ou drain, ou avec un canal ou drain public pour prévenir tout foyer de moustiques qui pourrait se former ou qui s'y trouve déjà formé, elle pourra après entente, s'il y a lieu, avec le Service des Irrigations, ordonner au propriétaire d'effectuer l'une des opérations sus-indiquées.

L'Administration de l'Hygiène Publique lui impartira le délai qu'elle jugera nécessaire à cet effet et le préviendra que faute par lui de ce faire, il y sera procédé à ses frais, risques et périls.

Au cas où il n'aurait pas effectué l'opération ordonnée comme au cas aussi où il l'aurait effectuée contrairement aux indications reçues, l'Administration pourra procéder ou faire procéder aux travaux nécessaires et les frais de ces travaux seront recouverts en conformité du Décret du 25 mars 1880.

Art. 12.—Lorsque le comblement de rigoles ou de drains privés, prévu à l'article précédent, supprimera un moyen d'irrigation ou de drainage et rendra nécessaire pour la continuation de l'irrigation ou du drainage, le passage des eaux à travers les terres d'autrui, les nouveaux ouvrages à établir seront exécutés à la diligence de l'Administration de l'Hygiène Publique et d'après la procédure prévue à l'article suivant.

Il en sera de même lorsqu'il faudra faire communiquer une rigole ou un drain avec une autre rigole ou drain ou avec un canal ou drain public et que cette communication en tout ou en partie doit se faire sur le terrain d'autrui.

Les mêmes règles seront également applicables lorsqu'il faudra établir des drains à travers les terres d'autrui, pour le dessèchement des étangs, marais et écoulement d'eau stagnante prévus à l'article 9 de la présente Loi.

Les frais de la création et de l'établissement des dites rigoles ou drains seront entièrement à la charge de l'Administration de l'Hygiène Publique, lorsqu'il s'agira de remplacer une rigole ou un drain supprimé. Il en sera de même des frais de communication d'une rigole ou d'un drain avec une autre rigole ou drain ou avec un canal ou drain public lorsque cette communication a lieu sur le terrain d'autrui.

Lorsqu'il s'agira de la création ou établissement d'un drain ou système de drainage pour dessèchement d'étangs, marais ou écoulement d'eau stagnante, l'Administration de l'Hygiène Publique aura le droit de se faire rembourser par les propriétaires des étangs, marais ou terrains recouverts d'eau stagnante, le montant des frais et débours encourus pour les dits création et établissement, d'après les principes et suivant les dispositions des articles 9, 13, 14 et 15 des Lois Nos. 5 de 1914 et 18 de 1916.

Art. 13.—Les demandes de passage d'eau seront adressées au Moudir ou Gouverneur, soit par l'Administration de l'Hygiène Publique, soit par l'intéressé.

Devront être annexés à la demande :

(1) Une copie de la notification de l'ordre de comblement, de mise en communication ou de drainage.

(2) Un plan cadastral du terrain, montrant le tracé de la rigole ou du drain supprimé, ou devant être mis en communication ainsi que les terrains intermédiaires pour arriver jusqu'au plus proche canal ou drain public.

Le Moudir ou Gouverneur transmettra d'urgence les documents en question à l'inspecteur d'irrigation qui, après une enquête sommaire, devra lui adresser dans la quinzaine, son rapport avec un plan indiquant le tracé des nouveaux ouvrages et évaluant le montant de l'indemnité à payer aux propriétaires des terrains intermédiaires.

Sur le vu de ce rapport, le Moudir ou Gouverneur prendra un arrêté autorisant la création et l'établissement des nouveaux ouvrages sur les terrains intermédiaires, suivant le tracé qui sera indiqué dans le plan annexé au dit arrêté. L'arrêté pourra aussi fixer les modalités pour l'usage de la servitude ainsi établi, et s'il y a lieu, la durée de celle-ci.

Cet arrêté sera transmis à l'Administration de l'Hygiène Publique qui le fera notifier administrativement aux intéressés et aux propriétaires intermédiaires, avec invitation à ces derniers de faire connaître dans le délai de quinze jours, s'ils acceptent ou non le montant de l'indemnité évaluée par le service des irrigations.

En cas d'acceptation, ce montant sera payé en suivant les règles prescrites à l'article 8 des Lois Nos. 5 de 1907 et 27 de 1906 sur l'expropriation pour cause d'utilité publique.

En cas de non acceptation, ou si aucune réponse n'a été donnée dans le délai ci-dessus indiqué, le montant de l'indemnité sera déposé à la caisse du tribunal compétent.

Sur le vu du certificat de dépôt, le Gouverneur ou Moudir prendra un arrêté d'occupation qui sera exécuté à la diligence de l'Administration de l'Hygiène Publique, d'accord avec le Service des Irrigations.

Il sera ensuite procédé conformément aux articles 19 et suivants des Lois Nos. 5 de 1907 et 27 de 1906 susmentionnées tant pour la prise de possession que pour la fixation définitive de l'indemnité.

Art. 14.—Le comblement des rigoles et drains prévu à l'article 11 de la présente loi, ne pourra être effectué qu'après que le nouveau moyen d'irrigation ou de drainage aura été établi.

Art. 15.—Par arrêté spécial pris par le Ministre de l'Intérieur d'accord avec le Ministre de l'Agriculture il pourra être interdit de cultiver de la canne à sucre ou du riz sur un rayon n'excédant pas 2 kilomètres de la périphérie de toute ville ou de tout village ayant fait l'objet d'un arrêté pris en application de l'article premier.

Art. 16.—Les inspecteurs de l'Administration de l'Hygiène Publique qui seront spécialement désignés pour veiller à l'application de la présente loi, auront accès dans tout terrain, jardin, cour, maison, *Dahabieh* ou autre endroit se trouvant dans la ville, village ou zone indiqué dans l'arrêté prévu à l'article premier.

La visite ne pourra avoir lieu qu'entre 8 heures du matin et 5 heures du soir.

Dans le cas d'une visite dans une maison ou *Dahabieh* d'habitation ou dans une cour ou jardin attenant à la dite maison, l'inspecteur devra donner avis à l'occupant par écrit, vingt-quatre heures à l'avance en fixant l'heure de sa visite ; il devra exhiber lors de sa visite un document officiel constatant ses pouvoirs à cet effet.

Si la maison ou *Dahabieh* est temporairement inhabitée l'avis sera donné au gardien.

Aucun avis ne sera nécessaire pour entrer dans la cour ou jardin qui appartient à une maison inhabitée et qui n'aurait pas de gardien.

Art. 17.—L'occupant ou le gardien dûment avisé aux termes de l'article précédent, devra se trouver sur les lieux à l'heure indiquée dans l'avis, faute de quoi l'inspecteur pourra quand même procéder à la visite. Cependant s'il s'agit d'une maison ou *Dahabieh*, il ne pourra y pénétrer qu'en se faisant assister d'un officier de police. Procès-verbal de la visite sera dressé par l'inspecteur et signé par tous les assistants.

Si l'occupant est un étranger, avis de la visite devra être donné 24 heures à l'avance au Consul dont il relève.

Art. 18.—L'inspecteur de l'Administration de l'Hygiène Publique indiquera dans un écrit signé par lui soit lors de sa visite, soit après, les travaux qui doivent être faits ou les prescriptions qui doivent être observées en application des dispositions de la présente loi, et le délai accordé pour l'exécution des dits travaux ou prescriptions.

L'avis écrit sera adressé à celui qui occupe la maison ou le terrain, soit en qualité de propriétaire, soit en qualité de locataire, tenancier, sequestre, ou en toute autre qualité lui attribuant la possession ou la détention de la maison ou du terrain.

Dans le cas d'une maison inhabitée, l'avis sera donné au gardien.

L'avis donné comme ci-dessus à l'occupant ou au gardien, vaudra avis au propriétaire pour ce qui le concerne.

S'il s'agit d'une cour ou jardin attenant à une maison qui n'est pas habitée et qui n'a pas de gardien, l'inspecteur pourra y entrer et y faire procéder par les soins de l'Administration aux mesures nécessaires pour empêcher la production des moustiques.

Toutefois, si l'occupant est un étranger, avis devra être donné, 24 heures à l'avance, au Consul dont il relève.

Art. 19.—Les mesures prévues aux articles 2, 3, 6, 7 et 8 sont à la charge tant du propriétaire que de celui qui possède ou détient la maison, le bateau ou le terrain à quelque titre que ce soit sans recours contre le propriétaire s'il y a lieu.

Les mesures prévues à l'article 4 et à l'article 5, alinéas 1 et 3, sont à la charge du propriétaire.

Les mesures prévues à l'article 5, alinéa 2, sont à la charge de l'entrepreneur des travaux dont il s'agit.

Art. 20.—Les personnes responsables aux termes de l'article précédent qui n'auront pas obtempéré aux avis donnés par écrit par l'inspecteur de l'Hygiène Publique conformément à la disposition de l'article 18, seront passibles pour chaque contravention d'une amende n'excédant pas P.T. 100.

En cas de seconde contravention dans les douze mois de la date d'une précédente contravention, la peine pourra être celle de l'emprisonnement n'excédant pas une semaine avec ou sans amende.

Toute autre contravention à la présente loi ou aux arrêtés pris pour son exécution sera passible d'une amende n'excédant pas P.T. 100.

Le juge pourra toujours autoriser l'Administration d'exécuter d'office, avec les modalités qu'il pourra indiquer dans son jugement, les mesures, travaux et préparations nécessaires pour mettre fin à l'état de contravention.

Le coût des travaux exécutés par l'Administration, à la suite du jugement, sera recouvré en conformité du Décret du 25 mars 1880.

Art. 21.—Le Décret-Loi en date du 15 février 1925 édictant des mesures en vue de combattre la propagation de la malaria est abrogé.

Art. 22.—Nos Ministres de l'Intérieur, de la Justice, de l'Agriculture et des Travaux Publics, sont chargés, chacun en ce qui le concerne, de l'exécution de la présente loi qui entrera en vigueur dès sa publication au *Journal Officiel*.

Nous ordonnons que la présente Loi soit revêtue du sceau de l'Etat, publiée au "Journal Officiel" et exécutée comme loi de l'Etat.

Fait au Palais Mountazah, le 25 août 1926.

FOUAD.

AVIS.

La Loi No. 1 de 1926, édictant des mesures en vue de combattre la propagation de la malaria, a été soumise à l'Assemblée Législative de la Cour d'Appel Mixte, conformément à l'article 12 du Code Civile Mixte, aux effets de son application aux étrangers. La dite Assemblée a approuvé la loi précitée, à la date du 26 février 1926. Elle est partant désormais applicable aux étrangers.

Frontiers Medical Section.

1.—INTRODUCTORY NOTE.

The following are the branches of the Frontiers Medical Section :—

(a) *Seven Hospitals*.—One at each of the following localities :—

Amriya, Mersa Matrûh, Sidi Barrâni, Sollum, Khârga Oasis, Dâkhla Oasis and El 'Arish.

The work in each hospital includes outpatients and inpatients. The Medical Officer carries also the work of a health office.

(b) *Eight Health Offices*.—One at each of the following localities :—

Siwa Oasis, Bahariya Oasis, Qantara East, Tôr, Rafah, Qosseir, Safaga and Hurghada. The work in these health offices differs from that in the Nile Valley health offices in having a clinic attached to each for daily outpatients.

(c) *Ten out-post Health Offices*.—One at each of :—

Khanka, Ghâbat El Bûs, Mersa Thlemel, Shatt, Kuntella, Themed, Qossaima, Dabaa, Burg El 'Arab and Abu Sîr.

In each of these posts there is a small pharmacy equipped with the necessary drugs for rendering first aid and simple treatment.

2.—A SHORT NOTE ON EACH OF THE ABOVE-MENTIONED BRANCHES.

MARYÛT DISTRICT (AMRIYA HOSPITAL).

The sanitary condition in this district was satisfactory, but the birth-rate was low as compared with that of 1926, owing to the fact that no rains fell in this year and the Arabs were forced to immigrate to the Nile Valley in search of grazing for their live stock.

The mortality rate was a bit higher than that of the previous year owing to an epidemic of measles.

Special attention was paid towards wells assigned for drinking as well as towards markets and shops.

The total number of in and outpatients was only 9,341 this year owing to the immigration of the inhabitants as already mentioned.

MATRÛH DISTRICT (MERSA MATRÛH HOSPITAL).

As Mersa Matrûh is the centre of the Western Desert Province, being the Headquarters of the Governorate and other Government Administrations, a special care is usually given to its sanitation. Streets and houses have to be kept clean ; private and public latrines—in which pails system is used—are inspected ; drinking water supplies, food stuffs, shops and all unhealthy establishments, prisons, schools and barracks are inspected from the sanitary point of view.

With the exception of a few sporadic cases of measles and plague, Mersa Matrûh District was free from infectious diseases during 1926. Plague which broke out in the Western Desert is treated under a special heading in this report.

The number of in and outpatients, 9,618, is considered satisfactory as compared with the small number of population.

BARRÂNI DISTRICT (SIDI BARRÂNI HOSPITAL).

The public health condition in this section was, on the whole, satisfactory.

The number of births and deaths was very small in proportion to the large number of inhabitants. This is due to the fact that Arabs keep constantly moving from one district to another. The Department therefore arranged with the Frontiers Administration that a Sheikh should accompany the sanitary barber during his visit to the various localities " Nag's " of the district for the registration of births and deaths. This arrangement proved satisfactory, and the number of barbers was accordingly increased.

It having been observed that the slaughter-house did not fulfil the sanitary conditions, the Department proposed the establishment of a new slaughter-house.

An increase in the number of sweepers was also proposed to ensure the better carrying out of the cleanliness of streets, disposal of faeces, etc.

In this District chest diseases are the most prevalent owing to the severe cold, dampness, and the scanty food and clothes of the poor inhabitants.

The small number of in and outpatients which amounted this year to 3,981 was due to the fact that the Medical Officer was busy for a long time in combating plague and doing the general vaccination against this disease as well as small-pox.

SOLLÛM DISTRICT (SOLLÛM HOSPITAL).

Sollûm District is smaller than that of Sidi Barrâni, but its situation on the boundary line between Egypt and Tripoli and the fact that it is the Headquarters of a Battalion of the Egyptian Army, necessitate special attention being paid to its sanitation.

This District lies on the only way leading to Egypt.

The Department, to prevent the importation of infectious diseases into the country, has arranged that its Medical Officer should observe the health of all passengers arriving from the West, vaccinate them and have their clothes disinfected before they are allowed to proceed Eastward.

The sanitary condition in that district was, on the whole, satisfactory in spite of an infection of plague which spread in the adjacent district (Sidi Barrani). The inhabitants escaped danger through the scrutiny of the Frontiers men who kept an eye on all arrivals from Sidi Barrâni, and also through the careful attention of both Medical Officers of Sollûm and Sidi Barrâni.

Malaria is the most prevalent disease in Sollûm. All its cases were recurrent. It was mostly imported from Siwa; the two districts being closely linked together.

Venereal and eye diseases, especially trachoma and its complications, are prevalent in this district.

3,528 patients were treated at both the in and outpatient departments of the Hospital; compared with the small number of population, this result is considered satisfactory.

SÎWA SECTION (SÎWA HEALTH OFFICE).

Measles was the only infectious disease that infected Siwa during 1926. It first appeared in Maraki and Karet Om El Saghîr about the month of June and having lasted for a long period, at these localities, most of the inhabitants contracted the disease which was transferred to Siwa town in December. The number of cases until the end of the year reached 300 and that of deaths 23. It was, therefore, arranged with the Frontiers Administration that Siwa Medical Officer should visit Siwa suburbs at the time of every motor-car patrol and also proceed monthly to Karet Om El Saghîr on the cars of the Frontiers Administration in order to combat any infectious disease as soon as it breaks out.

The two Administrations agreed that births and deaths should be notified directly and daily to Siwa Health Office by telephone, in such a way as to avoid any negligence or error.

The large number of flies due to lack of cleanliness and to the existence of stables close to habitations, led to the spread of trachoma and purulent ophthalmia at Siwa.

It was therefore arranged that the Frontiers Administration should issue a district order charging the inhabitants to clean the spaces lying in front of their dwellings and to cover with earth the excreta of animals kept in the stables which are situated in the vicinity of habitations and which it is difficult to remove to a distant place. This order was, in fact, issued and gave satisfactory results.

The number of patients, including those suffering from eye and venereal diseases was 3,624. The majority of those patients were suffering from parasitic diseases which are very widely spread at Siwa, especially *Ascaris Lumbricoides*. The prevalence of this disease is due to the fact that the inhabitants rely on human excreta in manuring their lands and to their negligence to clean their hands when taking their meals after manuring their lands.

The measures taken against Malaria are mentioned in a special chapter dealing with the Anti-malaria work at the Frontiers Districts.

It is worthy of mention that the Department has decided to erect a hospital at Siwa Town, the work will be started as soon as the provisions for that purpose are approved in 1928-1929 Budget.

BAHARIYA OASIS SECTION.

BAHARIYA OASIS HEALTH OFFICE.

A great care was always directed to public health in the various villages of the Oasis, keeping their streets clean and protecting sources of drinking water against pollution. Fences were made around some of the springs and pipes connected to these springs, from which the inhabitants may take their water and thus the springs were kept clean.

Attention was also paid to butchers' shops, food shops and oil mills. A slaughter-house was erected at Bawiti.

The registration of births and deaths was carried out to the entire satisfaction of the Department. 480 children were vaccinated against small pox with a result of 475 successes. In addition, general vaccination was made amongst those who were not vaccinated during the last six years. Their number reached 1244.

The number of outpatients' visits increased to 3,308. The inhabitants are still reluctant to seek medical help before it is too late to be of any avail but advice is by all means offered to them.

It is with pleasure to state that the Department has decided to construct a hospital in that Oasis. The work will be commenced as soon as the credit for that purpose is approved in the 1928-1929 Budget.

KHARGA OASIS (KHARGA HOSPITAL).

The inhabitants are extremely poor and live in houses far from being sanitary. while the streets are covered with thick roofs.

Owing to extreme dampness in winter, pneumonia prevails during that season ; also many deaths of Gastro-enteritis occur amongst children due to intense heat in summer.

The Government Buildings erected for the various Government Officials fulfil the sanitary requirements and are at a long distance from the town. The sanitary condition thereof is satisfactory.

The number of out patients was about 30 daily, the majority of whom were children suffering from eye diseases.

The total number of in and out patients amounted to 13,031 as compared with 11,855 in 1925.

The number of inhabitants who seek treatment both in the in and out patients departments of the hospital increases from year to year, but they are still reluctant to ask for medical advice until they are dangerously ill. It was however observed that patients admitted to hospital in the first stages of the disease improve quickly through their being kept in the Hospital and given the food appropriate to their condition.

DAKHLA OASIS (DAKHLA HOSPITAL).

Dakhla Oasis is one of the largest and most thickly populated districts of the Frontiers regions. Its villages being very distant from one another the Department has supplied the Medical Officer there with a motor car to enable him to inspect the sanitary condition in the various villages of that Oasis.

With the exception of an infection of influenza, which caused a slight increase in the mortality rate especially among children of 0-1 year of age, the sanitary condition was, on the whole, satisfactory. No cases of another infectious disease occurred. The inhabitants are charged with the cleanliness of villages under the supervision of omdas.

Bilharzia and eye diseases being the most common, the Department has decided to send specialists to examine these diseases and treat patients suffering therefrom.

General vaccination was made and 11,498, with only 2,981 successes, were vaccinated. The low rate of successes may be attributed to the fact that Dakhla Oasis is very far from the Nile Valley, and its villages are distant from each other, and therefore the vaccine lymph is spoilt before it is used in spite of the precautions taken on despatch. This difficulty will be overcome in future, there being a scheme for linking Dakhla with Kharga Oasis by Motor-cars. This means of transport will ensure the arrival of the vaccine in a good state.

The total number of in and out patients, which amounted to 8445, is still far from being encouraging. This is due to the fact that the villages of this Oasis are distant from the Hospital and also to the Medical Officer being sometimes occupied in the sanitary inspection of the District.

EL 'ARISH DISTRICT (EL 'ARISH HOSPITAL).

The cleanliness of El 'Arish streets was satisfactorily carried out by a sufficient number of sweepers.

The Department has installed an incinerator for burning the rubbish gathered from the town.

Although in some places pits are used as latrines, from which bad odours emanate, because they are not provided with pans, yet in other places the inhabitants use buckets which are emptied twice daily by sweepers in deep pits situated near the incinerator.

The pits are filled with sewage matter until they are half a metre below the surface of the ground and the space left free is filled in with earth. Then a new pit is dugged and so on. It is worthy of mention that these pits are very far from the town drinking water supplies.

The registration of births and deaths, at El 'Arish and its environs, is carried out regularly.

The cases of infectious diseases were very few, and owing to urgent precautions taken, the disease was eradicated without causing a marked increase in the rate of mortality.

The sanitary inspection of schools, prisons, barracks, butchers' shops, establishments of food stuffs and other etablissement insalubres was very minutely and regularly carried out.

The number of patients in 1926 amounted to 14,746.

They so frequently visit the in and out patients Departments of the Hospital, that the only Medical Officer spends most of the day hours in continual work, and though he does not find sufficient time for sanitary inspection, yet he carries it out during his spare time by the assistance of the administrative agents, who carefully execute his instructions and it is owing to these combined efforts that 'Arish has reached its present good sanitary condition.

RAFAH DISTRICT (RAFAH HEALTH OFFICE).

Till the last year, Rafah was thoroughly deprived from any means of medical first aid. No sooner was it decided to establish a Health Office there, than the Department supplied all the necessary equipments and appointed a Medical Officer.

Although this Health Office is quite new, yet its activities are promising, and the more the inhabitants take notice of its establishment, the more its work increases.

On June 1926 the Department was obliged to detail Rafah Medical Officer to 'Arish during the absence of its Medical Officer on leave, and thus the Medical attendant (Tamugui) was left to carry out the simple duties. This arrangement was adopted in all Central Sinai outposts.

The Medical Officers detailed from the Central Administration of the Department of Public Health, as well as the Medical Officer of Rafah, were charged with combating plague which appeared in the Western Desert and this is why the Medical Officer of Arish was continually detailed to make the necessary tours of inspection in Rafah which he was unable to perform more than once a week.

The registration of births and deaths as well as vaccination against small pox was carried out very minutely as regards urbans.

QANTARA DISTRICT (QANTARA HEALTH OFFICE).

The work in Qantara East Health Office previously comprised the eastern bank of the Canal till the station called Romani on the Palestine Railway, but at the middle of this year the villages within the circumscription of Qantara West Police Station which were previously attached to the Canal Governorate Health Inspectorate, *i.e.*, El Cab, Om Khalaf, Zahr El Gabal, Gezîrah, Om El Rish, and Ballah have been attached to Qantara Health Office, and this is why the number of the out patients began to increase. It is to be noted that the Medical Officer finds among the outpatients many cases in need of admission into hospital for treatment and operations, and he had to send these cases to Port-Said Hospital for want of a hospital at Qantara, where operations can be made. The Department therefore deems it necessary to establish a small hospital at Qantara.

On reviewing the diseases treated in the out patients Department, it is found that they are of various kinds.

The increase or decrease in the number of cases of certain diseases is due to climate changes in the different seasons of the year: thus the chest and enteric diseases increase in winter, the ophthalmic in summer, while measles and whooping cough increase at the beginning of the year and typhoid fever increases at the middle.

The *Ezba* where the labourers of the Railway Department, at Qantara East, live being a source of the spread of infectious diseases, owing to its being densely populated and deprived of sanitary measures, the Governorate of Sinai and the Palestine Railways Authorities have agreed to demolish this *Ezba* and construct it in another place, on a sanitary style.

As a prophylactic measure, and in order to escape an outbreak of typhoid fever in 1927, the labourers of the Egyptian State Railways were vaccinated against that disease by the Medical Section of that Department.

The rest of sanitary duties at Qantara are carried out satisfactorily.

The system of bucket latrines is used there as well as at Qantara East.

The drinking water supply is examined monthly to assure its potability.

The number of out patients amounted to 8,913.

EL TOR DISTRICT (THE HEALTH OFFICE).

The general health condition at Tor was good. No infectious diseases occurred during the year. This is due to the locality being isolated from other localities, and to lack of means of communications.

The Tor District comprises, in addition to Tor town the locality of Abu Zeneima, the inhabitants of which, amounting to 1,000, nearly all labourers. Influenza is widely spread among them, thus causing the increase of the mortality rate to 32·29 per thousand, while the mortality rate in Tor itself does not exceed 16·8 per thousand. The birth rate is 21·7 per thousand, the rate of mortality among children under one year is a third of the births, and a half of the total of deaths, which is a high rate, but it is to be noted that no deaths at all have occurred among children of 1–10 years of age.

The number of the out patients amounting to 3,356, as well as that of operations are increasing.

RED SEA DISTRICT.

HURGHADA, SAFAGA, AND QOSSIER HEALTH OFFICES.

The doctor of the Company is entrusted with the medical work at Hurghada and Safaga, and the Medical Officer of the Quarantine performs the medical work at Qossier against the payment of a monthly remuneration paid by the Department of Public Health.

As most of the inhabitants of Hurghada and Safaga are labourers in the service of the Company and have their families living with them, it is the duty of the Company's doctor to look after their health and treat their patients, he has but a little time to spare for the work of the Public Health Department. This work is mostly confined to the sanitary supervision of the Government Buildings, Barracks and Schools, the registration of births and deaths, the treatment of patients among the Government officials and among the inhabitants who are not in the Company's service; for this reason the number of outpatients is very small.

In Qossier, however, the case differs a little, as it is a densely populated town, and the Quarantine Medical Officer has to look after its sanitary condition and to treat the patients. It is worthy of mention that considering the fact that Qossier is in bad need of the means of medical treatment, the Department has decided to establish a hospital there and has inserted the necessary credit in the Budget for 1928–1929.

3.—REPORT ON THE OUTBREAK OF PLAGUE IN THE WESTERN DESERT GOVERNORATE.

FIRST PERIOD.

Plague appeared for the first time in the Western Desert Province in August 1926 at Sidi Barrâni District, in a place called Koor Maaten El Zitaniat. The Medical Officer of Sidi Barrâni has at once erected a cordon in which he isolated, the patients, registered the contacts and taken the necessary specimens and sent them to the Laboratories for examination.

The Department taking the matter into serious consideration has delegated the Director of the Frontiers Medical Section, together with a Bacteriologist to examine the specimens locally and has also sent a staff of disinfectors and rat catchers to take over the necessary precautions. The disease was eradicated and the cordon was pulled down on September 24.

The number of patients admitted to the cordon amounted to 15, of whom 12 were cured and three died.

To eradicate the disease the Frontiers Administration put a car under the disposal of the Medical Officer of Sidi Barrâni for three months to carry out the general vaccination against plague in the District. The said Administration was approached to instruct the Omdas that they have to take their part in the responsibility of reporting the births and deaths. Two extra barbers were appointed to carry out the vaccination which was made to all Barrâni District inhabitants.

SECOND PERIOD.

On October 11, 1926, the Department received a telegram stating that 4 cases of plague occurred in a place of 60 kilometres East of Barrâni.

The Department has directly detailed a medical officer of the Frontiers Districts and some disinfectors to take the necessary precautions there. An inspector from the Epidemics Section of the Department was also detailed on October 26, to supervise the work there and thanks to their energetic efforts the disease was overcome and the cordon was pulled down on January 7, 1927. The number of cases isolated in the cordon amounted to 8 of whom 4 died.

Thus the total number of cases in both periods was 23 of whom 15 cured and 8 died.

PLAGUE AT MERSA MATRÛH.

The Department, having, on December 25, 1926, received a telegraphic despatch reporting that 5 beubonic plague cases occurred at Mâllah in Mersa Matrûh District, has detailed the Director of the Frontiers Medical Section, to make thorough inspection of Mersa Matrûh and the other Districts of the Western Desert Province in order to discover the source of infection and to put a scheme for combating the disease and observe the result of the general vaccination carried out. It was found out that the infection was transported by the Beduins from the Nile Valley.

About the end of February 1927, the cordon was pulled down from Mersa Matrûh and no new cases appeared. 11 patients were admitted to the cordon of whom 10 were cured and one died.

IV.—GENERAL VACCINATION AGAINST PLAGUE AND SMALL POX.

On November 14, 1926, the Department decided to make general vaccination against plague and small pox in the Western Desert Province except Sîwa and Bahariya Oases.

Three gangs were organized ; each consisted of :—

One Medical Officer.

One Disinfector.

One Female Tamûrgia.

A frontiers' motor car was put at the disposal of each gang of vaccination.

The Districts were divided for vaccination purpose as follows :—

Sidi Bârrani.

Sollûm.

Mersa Matrûh.

Maryût.

The three gangs used to work together in one district until the vaccination of its inhabitants is completed and then proceed to the next district as shown above. The gangs followed the arrangement laid down.

The following list shows the population of districts where vaccination took place and the number of those vaccinated in each :—

District.	Population.	Number of Persons Vaccinated.	Number of Persons Remaining Unvaccinated.
Matruh	13,990	10,133	3,857
Barrâni	8,500	8,048	0,452
Sollûm	4,227	1,632	2,595
Maryût	9,000	0,000	9,000
TOTAL	35,717	19,813	15,904

It is to be noted that the reason for having some of the inhabitants without vaccination is that the vaccination in Maryût District was postponed till 1927, and that the inhabitants of the Desert are Beduins, who continually move from one locality to another.

V.—ANTI-MALARIA PROJECTS.

The areas infected with Malaria are :—

Sîwa Oasis.

Kharga Oasis.

Dakhla Oasis.

Northern Sinai District.

Southern Sinai District.

SÎWA.

The Anti-Malaria projects in Sîwa comprise the construction of drains, and the filling in of *Birkas*, thus doing away with all breeding places for breeding mosquitoes. These projects proved successful as malaria cases are decreasing annually. In 1925 there were 26 cases while in 1926 14 cases only, some of which were old ones, and the rest occurred among persons who were obliged by the necessities of the work to stay in areas outside the projects zone.

Spleen count was made in 1926 on 100 children between five and ten years of age, with a result of 2 great enlargements, 6 medium enlargements and 2 slight enlargements, as against a rate of 2.25 %, 7 % and 2.25 % respectively in 1925.

Quinine was the only medicine used either in tablets or as liquid administered by intravenous or intramuscular injections, but it was noticed that some relapses occurred among patients under treatment.

Samples of Plasmoshine were sent to be tried in patients who could not be cured by quinine.

The following are the details of the work done in 1926, most of which was on the Government expense and some was done by the inhabitants:—

(1) Filling in *Birkas*, requiring about 3,500 cubic metres of earth.

(2) Repairing old drains of about 2,250 metres of length.

(3) New drains of about 2,660 metres of length.

(4) Construction of reservoirs measuring 650 cubic metres.

(5) Drying pools of 500 feddans in area.

(6) Cleaning drains and springs at Sîwa and Aghourmi at least once every month, by the permanent gangs appointed for this purpose.

The expenses incurred in the above work amounted to L.E. 578, not including the work carried out by the inhabitants.

KHARGA.

The following work was accomplished successfully :—

(1) Filling in of three pools in *Birket Sukkût*.

(2) Extending *Biukhra* drains to a distance of 1,000 metres in order to drain the water accumulated near the Hospital.

(3) Pipes 50 metres long in *Biukhra* drains and pipes 20 metres long in *Sukkût* drain.

(4) Raising the level of the inspection chambers in Ein El Sheikh drain in order to remove the sand which has accumulated in this area. A new inspection chamber was constructed at the end of the drain and pipes, 40 metres long, were laid in that drain.

(5) Covering the bottom of *Biukhra* drain for a length of 10 metres and the bottom of the District drain for a length of 8 metres with stone.

(6) Filling in of the two *Birkas* in the North West of Ein El Sheikh.

DAKHLA.

No credits were allotted in this year's budget for anti-malaria projects in Dakhla, however it was arranged locally that the inhabitants should fill in the following :—

- (1) A *Birka* east of Teneida of an area of 50 square metres.
- (2) Three *Birkas* west of Asment and near the village of a total area of 100 square metres.
- (3) A *Birka* east of Mott measuring 50 square metres.
- (4) Three *Birkas* east of Kalamon of a total area of 150 square metres.
- (5) A *Birka* north of *Ezbet* Gharghour—Gedeida village—measuring 100 square metres.

NORTHERN AND SOUTHERN SINAI.

The anti-malaria work done in Northern and Southern Sînai was merely preliminary experiments for projects intended for malaria eradication from Qossaima and Ein El Gedeirat in the Northern Sinai, and in Ein El Deesa (El Tor) in the Southern Sinai.

The Department has, in agreement with the Frontiers Administration, laid down a scheme proposing the best means that could be taken for this purpose, which will be executed in 1927 as soon as the necessary credit is provided.

GENERAL NOTE ON THE WORK DONE IN THE FRONTIERS DISTRICTS DURING 1926.

It is interesting to note that the Arabs living in the deserts of the Frontiers Districts began to appreciate the medical and sanitary assistance rendered to them. They now began, to some extent, to seek treatment in the Hospitals and in the out patients clinics. The number of patients of this year compared with that of the preceding one proves clearly this fact. The number of in and out patients treated last year was 72,037 and has reached this year 90,589 with an increase of 18,552, *i.e.* an increase about 25 per cent, as shown in Table VIII.

The number of cases examined microscopically or pathologically last year was 352 and reached this year 513 with an increase of 161 cases than the previous year, *i.e.*, more than 45 per cent. This increase is due to the extreme devotion, of the Medical Officers in examining the patients and to the fact that they diagnose and treat their diseases according to the best scientific methods.

The Department has directed special attention to the registration of births and deaths and the inhabitants began to appreciate the necessity of assisting the Government in this connection ; consequently the ratio per thousand of births registered increased to 37 per thousand in 1926, compared to 20 per thousand in 1925 ; the number of population being nearly the same in both years.

The Anti-Malaria projects had a marked result as the number of Malaria cases diminished from 733 last year to 576 this year.

Eye diseases are the most common in the Frontiers areas, the number of cases treated was 4,567 against 4,674 last year.

In order to enable the Frontiers Medical Officers to treat all kinds of eye diseases locally without the help of specialists from Central Administration, the Department has arranged to train them in the Ophthalmic Hospital at Gîza.

Special attention is being paid to the treatment of Syphilis which is prevalent among the inhabitants of the Western Desert. This is due to the state of life in these regions and to the increasing number of emigrants from the west who come in contact with the inhabitants. It is regretful that the Beduins do not recognize the seriousness of the disease, and the consultation of a doctor regarding this disease is considered by them, and especially by their women, as a disgrace.

The number of cases treated this year is 395 as compared with 383 last year.

STATISTICS.

The following statistical tables explain the work performed during 1926 in the Hospitals and public health offices of the Frontier Districts.

TABLE I.—STATISTICS OF IN AND OUT-PATIENTS IN THE FRONTIER DISTRICTS HOSPITALS.
(Marsa Matruh, Amiriya, Sidi Barrâni, Sallûm, Dakhla, Kharga and 'Arish Hospitals).

Months.	In-patients.				Out-patients.		
	Number of beds.	Admitted.	Died.	Discharged.	New cases.	Old cases.	Total.
January	105	96	3	89	2,817	2,842	5,659
February	105	82	4	78	2,470	3,033	5,503
March	105	115	7	107	2,306	3,458	5,764
April	105	105	1	102	2,435	3,558	5,993
May	105	126	3	122	2,844	4,048	6,892
June	105	115	4	109	2,711	3,636	6,347
July	105	113	4	105	3,407	4,431	7,838
August	105	121	4	115	3,629	5,091	8,720
September	105	124	2	113	3,614	5,300	8,914
October	105	124	1	122	4,051	4,737	8,788
November	105	109	4	102	3,710	6,287	9,997
December	105	118	3	114	3,334	5,458	8,792
TOTAL	—	1,348	40	1,278	37,328	51,879	89,207

TABLE II.—IN-PATIENTS TREATED IN 1926 IN THE FRONTIER DISTRICTS HOSPITALS (SEE TABLE I).

	Males.	Females.	TOTAL.
Remaining from last year	33	1	34
Admitted during present year	1,077	271	1,348
TOTAL	1,110	272	1,382
Cured... ..	732	211	943
Uncured	331	38	369
Died	26	14	40
TOTAL	1,089	263	1,352
Remaining till 31st December 1926	21	9	30

TABLE III.—PATIENTS TREATED IN THE IN AND OUT-PATIENTS DEPARTMENTS OF THE FRONTIER DISTRICTS HOSPITALS DURING 1926.

Patients.	No. of patients admitted of their own accord.	No. of Police cases.	No. of Prisoners.	No. of police men and Ghatfirs.	Total.	No. of days of treatment.
In-patients	931	84	15	218	1,348	—
Out-patients	86,598	271	684	1,654	89,207	—
Total... ..	87,529	355	699	1,972	90,555	—

TABLE IV.—OPERATIONS AND RESEARCHES.

No. of Cases.				No. of cases examined by (X) Ray.	No. of cases of which specimens were taken and sent to labor.	No. of cases microscopically examined.	Other pathological researches.
Erysipelas.		Tetanus.					
On admission to Hospital.	During treatment.	On admission to Hospital.	During treatment.				
—	—	—	—	One by Kasr El Einy	85	423	4

TABLE V.—VENEREAL DISEASES.

MONTHS.	Total of In and Out-patients.	Out-patients.						In-patients.						606 or 914 Injections	Mercury Injections.	Microscopi- cal researches.
		Syphilis.					Gonorrhœa.	Syphilis.					Gonorrhœa.			Wassermann Reaction.
		No. of Cases.	Primary.	Secondary.	Tertiary.	Hereditary.		No. of Cases.	Primary.	Secondary.	Tertiary.	Hereditary.				
January ...	44	25	1	5	16	3	8	10	3	2	5	xx	1	27	34	1
February ...	49	23	1	7	14	1	8	15	4	2	9	x	3	32	12	—
March	51	17	1	5	9	2	6	25	5	5	13	2	3	38	21	—
April	35	14	2	6	5	1	8	8	2	1	4	1	5	43	28	—
May	36	21	—	7	6	8	5	6	—	1	5	—	4	48	13	—
June	35	21	—	6	10	5	5	9	-	1	8	—	—	34	23	1
July	38	21	1	9	7	4	7	8	1	2	5	—	2	40	23	—
August	53	31	2	7	18	4	9	10	3	1	6	—	3	33	3	1
September ...	36	21	—	13	4	4	1	11	—	6	—	5	3	29	6	1
October	43	19	1	8	3	7	5	14	2	3	3	5	5	42	4	1
November ...	42	17	1	4	6	6	11	10	1	1	1	5	4	34	1	1
December ...	42	34	—	13	17	4	2	5	—	2	2	1	1	17	1	—

VITAL STATISTICS.

TABLE VIII.—PATIENTS TREATED IN HOSPITALS AND INFECTIOUS DISEASE CASES OCCURRING IN THE FRONTIERS DISTRICTS.

Vaccination.				Percentage of Infantile Mortality.				Infantile Mortality.			Deaths.				Births.			Population.
Total.	Unrelieved.	Successful.	Rates of those under 1 to 10 years.	Rates of those under one year.		Rate per 1000 of Population.	0-1 Year.	Rate per 1000 of Population.	Total.	Foreigners.	Egyptians.	Rate per 1000 of Population.	Total.	Foreigners.	Egyptians.			
				to Deaths.	to Births.													
																Per cent.	Per cent.	
3154	307	2847	12.59	13.66	9.9	20	478	615	20	1,986	8	1,978	37	3,529	11	3,518	94,546	

OPERATIONS.												From 1st January 1926 to 31/12/1926.				From 1st January 1925 to 31/12/1925.				From 1st January 1925 to 31/12/1925.				Number of Beds in Hospitals.	
From 1st January 1926 to 31 December 1926.						From 1st January 1925 to 31 December 1925.																			
Total.	Unrelieved.	Improved.	Successful.	Total.	Unrelieved.	Improved.	Successful.	Total.	Unrelieved.	Improved.	Successful.	Total.	No. of Out-patients.	No. of In-patients.	Total.	No. of Out-patients.	No. of In-patients.	Total.	No. of Out-patients.	No. of In-patients.	Total.	No. of Out-patients.	No. of In-patients.	Total.	Number of Beds in Hospitals.
399	10	62	327	562	12	41	509					90,589	89,207	1,382	72,037	70,095	1924	105							

No. of Infectious diseases cases occurring during the period from 1st January 1926 to 31 December 1926.												No. of Infectious diseases cases occurring during the period from 1st January 1925 to 31 December 1925.											
Infectious Diseases.												Infectious Diseases.											
Ophthalmic Diseases.	Syphilis.	Relapsing Fever.	Typhus.	Typhoid Fever.	Diphtheria.	Measles.	Small-pox.	Malaria.				Ophthalmic Diseases.	Syphilis.	Relapsing Fever.	Typhus.	Typhoid Fever.	Diphtheria.	Measles.	Small-pox.	Malaria.			
4,567	395	1	18	12	5	592	8	576				4,674	383	—	1	10	40	75	68	733			

TABLE IX.—ANNUAL RETURN OF SICK TREATED IN THE FRONTIER DISTRICTS HOSPITALS IN 1926.

SECTIONS.	EXISTING.			ADMITTED.		DISCHARGED.				DIED.		REMAINING.			
	Male.	Female.	Total.	Male.	Female.	CURED.		RELIEVED.		NO IMPROVEMENT.		Male.	Female.	Total.	
						Male.	Female.	Male.	Female.	Male.	Female.				
MEDICAL :—															
Alimentary :															
Diseases of Stomach ...	—	—	—	12	2	7	2	4	—	—	—	1	—	—	—
Tuber. Peritonitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	29	8	19	3	5	—	1	1	2	1	—	2
Diarrhoea and Enteritis ...	—	—	—	15	4	14	3	—	—	—	—	—	—	—	—
Liver ...	—	—	—	8	—	6	—	—	—	—	—	1	—	—	—
Other Diseases ...	—	—	—	18	—	—	—	4	—	4	—	—	—	—	—
Respiratory :															
Pneumonia ...	—	—	—	15	7	5	3	3	—	2	—	5	1	—	3
Phthisis... ..	1	—	1	15	10	3	—	4	7	7	—	2	3	—	—
Pleurisy... ..	—	—	—	3	2	—	—	1	1	2	—	—	1	—	—
Other Diseases ...	3	—	3	38	3	19	1	18	1	2	—	—	—	2	2
Circulatory :															
Heart	—	—	—	12	2	6	—	4	1	1	—	1	—	—	—
Other Diseases ...	—	—	—	4	—	2	1	1	—	—	—	—	—	1	1
Urinary :															
Nephritis	—	—	—	15	1	5	—	6	1	2	—	1	—	—	1
Other Diseases ...	—	—	—	11	4	5	1	5	1	—	—	—	1	1	2
Blood :															
Spleen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases ...	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—
Nervous :															
Brain	—	—	—	4	1	1	—	2	1	—	—	—	—	—	—
Spinal Cord ...	1	—	1	1	—	—	—	1	—	—	—	1	—	—	—
Other Diseases ...	—	—	—	4	1	1	1	1	—	2	—	—	—	—	—
Constitutional :															
Rheumatism ...	—	—	—	19	—	11	—	7	—	1	—	—	—	—	—
Diabetes	—	—	—	4	—	—	—	2	—	2	—	—	—	—	—
Senility	—	—	—	10	1	—	—	6	—	3	—	1	—	—	—
Debility... ..	—	—	—	16	5	1	2	4	1	1	—	1	1	9	10

Parasitic :		1	—	1	17	60	15	7	—	1	—	—	7	1	—	8
<i>Malaria</i> ... ..	...	1	—	1	74	17	15	7	—	1	—	—	7	1	—	8
<i>Ankylostomiasis</i> ...	...	—	—	—	6	—	—	1	—	—	—	—	—	—	—	—
<i>Filaria</i> ... ..	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Pellagra</i>... ..	...	—	—	—	9	1	—	—	—	—	1	—	2	1	—	3
Poisoning :		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Alcohol</i> ... ..	...	—	—	—	7	2	2	—	—	—	—	—	—	—	—	—
<i>Other Poisons</i> ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Lunatics</i> ... ..	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Other Medical Diseases</i>	...	2	—	2	58	15	8	10	2	3	—	1	—	1	—	1
SURGICAL :—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fractures :		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Simple ... ..	...	—	—	—	13	7	6	3	—	1	—	—	3	1	—	1
Compound ... ..	...	—	—	—	3	1	1	1	—	—	—	—	1	—	—	1
Tumours :		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant ... ..	...	—	—	—	2	1	—	—	—	1	—	—	—	—	—	—
Non-Malignant ...	...	—	—	—	7	3	3	—	—	—	—	—	—	—	—	—
<i>Traumatic Injuries</i>	...	1	—	1	67	9	7	18	1	—	1	1	4	—	—	4
<i>Burns</i> ... ..	...	1	—	1	12	8	2	4	2	—	2	—	—	1	—	1
<i>Bilharziasis</i> ...	...	107	—	107	—	—	—	30	—	39	—	—	—	—	—	—
<i>Fistula in Ano</i> ...	...	—	—	—	5	—	—	—	—	3	—	—	1	—	—	1
<i>Liver Abscess</i> ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Hernia</i> ... ..	...	—	—	—	6	—	—	—	—	1	—	—	1	—	—	1
<i>Hemorrhoids</i> ...	...	—	—	—	19	—	—	2	—	2	—	—	—	—	—	—
<i>Appendicitis</i>... ..	...	—	—	—	2	—	—	4	—	—	—	—	—	—	—	—
<i>Vesical Calculus</i> ...	...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
<i>Other Surgical Diseases</i>	...	9	—	9	187	19	11	80	5	5	3	—	7	2	—	9
OPHTHALMIC... ..	...	2	—	2	115	52	41	27	6	5	1	—	1	1	—	2
SKIN DISEASES ...	...	—	—	—	21	5	2	5	1	2	—	—	—	2	—	2
VENEREAL :—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Syphilis</i> ... ..	...	2	1	3	60	22	3	27	17	10	—	—	1	2	—	3
<i>Gonorrhoea</i> ... ..	...	1	—	1	25	—	—	9	—	2	—	—	1	—	—	1
MIDWIFERY ... ..	...	—	—	—	—	3	1	—	—	—	—	1	1	1	—	1
GYNÆCOLOGICAL DISEASES	...	—	—	—	—	7	4	—	1	—	—	—	—	—	—	—
RELATIVES ACCOMPANYING PATIENTS	...	—	—	—	5	18	14	—	1	—	—	—	—	2	—	2
TOTAL ... ..	...	131	1	132	958	241	136	308	54	103	24	14	44	19	63	63

Report of the Principal Medical Officer of Health, Cairo City, for the Year 1926.

VITAL STATISTICS.

(a) POPULATION.

The estimated mid-year population of Cairo in 1926 was 859,400 consisting of 789,600 Egyptians and 69,800 foreigners.

The District distribution of the population has been calculated by the Statistical Department as follows :—

DISTRICT.	POPULATION.
Mûsky... ..	25,600
Bâb el Sha'riya	71,000
Ezbekîya	61,000
'Abdîn... ..	64,100
Saiyeda Zeinab	83,300
Helwan	42,200
Khalîfa	59,100
Darb el Ahmar	73,400
Gamâliya	69,200
Shubra	92,400
Bûlâq	102,200
Old Cairo	34,900
Wâyli	81,000
TOTAL CAIRO CITY	859,400

In previous reports of Cairo Health Inspectorate, the vital statistics of Helwan have been based on two different sets of figures : one figure, that on which the births and deaths were calculated, represented the population of Helwan town ; the other figure, that on which all the other statistics were calculated, included also the population of the villages within the circumscription of the Helwan Administrative Area, *viz.* : Toura, Maadi, etc., as far as and including Basatin.

It has now been arranged that in future the birth and death registers of the villages shall not be sent to Gîza Mûdiriya as before but to the Public Health Department Archives so that all the vital statistics can be based on the same figure which includes the villages.

(b) BIRTHS.

During 1926, 44,351 births occurred in Cairo. The annual birth-rate was, therefore, 51·6 per thousand of population, as compared with 50·3 in the previous year. Of this total, 43,606 were native and 745 foreign births.

For the quinquennial period ending in 1926, the mean annual birth-rate was 51·8, the highest rate during that period being 53·5 in 1922, and the lowest in 1925 being 50·3 per thousand of population.

The highest district birth-rate in 1926 was in Old Cairo, where there were 65·1 births per thousand of population, whilst the lowest rate occurred in Ezbekîya with 34·7 (*see* Table I).

Still-births.—During 1926, 1,099 children were born dead, of these 1,083 were of Egyptian and 16 of foreign parentage. This gives a rate of 2·5 still-births per hundred births as compared with 2·8 in 1925 and also 2·8 in 1924.

TABLE I.—DISTRICT BIRTHS AND BIRTH-RATES PER THOUSAND OF POPULATION.

DISTRICT.	1926		1925		1924	
	Births.	Rates.	Births.	Rates.	Births.	Rates.
Mûsky... ..	922	38·7	991	39·3	957	38·4
Bâb el Sha ^c riya... ..	3,405	48·0	3,382	48·3	3,435	50·0
Ezbekiya	2,115	34·7	2,024	33·4	2,126	35·5
Darb el Ahmar	3,258	44·4	3,152	43·5	3,292	46·0
‘Abdîn	2,337	36·5	2,330	36·6	2,338	37·2
Saiyeda Zeinab... ..	4,433	53·2	4,158	50·6	4,208	52·1
Helwan	1,808	47·8	430	36·1	443	37·9
Khalifa	3,262	55·2	3,092	52·9	3,233	56·4
Gamâliya	3,427	49·5	3,491	51·3	3,529	52·8
Shubra	5,959	64·5	5,564	61·4	5,219	58·9
Bûlâq	6,443	63·0	6,132	60·7	6,429	65·1
Old Cairo	2,273	65·1	2,106	60·5	2,178	63·2
Wâyli	4,639	57·3	4,343	50·3	4,153	53·0
TOTAL CAIRO CITY ...	44,351	51·6	41,195	50·3	41,540	51·6

(c) DEATHS.

During 1926 a total number of 30,255 deaths occurred in Cairo, of these, however, 661 were deaths of non-residents, leaving 29,594 for Cairo proper.

This gives an annual death-rate of 34·4 per thousand of population as compared with a rate of 37 for 1925 and 33·7 for 1924.

For the quinquennial period ending with the present year, the mean annual rate was 35 per thousand of population with a maximum during this period of 37 in 1925 and a minimum of 33·7 in 1924.

The lowest mortality occurred in Mûsky with a death-rate of 22·7 per thousand of population as against the lowest mortality of 25·6 per thousand in 1925 and 23·8 in 1924.

The highest district mortality was in Old Cairo with a death-rate of 46·6 per thousand of population as compared with 56 in 1925 and 45·7 in 1924 (see Table II).

Out of the total number of 29,594 for Cairo proper, 28,991 were deaths of Egyptians and 603 of foreigners.

TABLE II.—DISTRICT DEATHS AND DEATH-RATES PER THOUSAND OF POPULATION.

DISTRICT.	1926		1925		1924	
	Deaths.	Rates.	Deaths.	Rates.	Deaths.	Rates.
Mûsky	582	22·7	647	25·7	666	27·7
Bâb el Sha ^c riya	2,221	31·3	2,394	34·2	2,104	30·6
Ezbekiya	1,457	23·9	1,550	25·6	1,495	25·0
Darb el Ahmar	2,382	32·4	2,275	31·4	2,243	31·4
‘Abdîn	1,618	25·2	1,775	27·9	1,649	26·2
Saiyeda Zeinab	2,774	33·3	2,837	34·5	2,569	31·8
Helwan	1,286	30·5	318	26·7	279	23·8
Khalifa	2,304	39·0	2,378	40·7	2,134	37·2
Gamâliya	2,260	32·7	2,353	34·5	2,261	33·8
Shubra	3,738	40·4	3,816	42·1	3,274	36·9
Bûlâq	4,105	40·2	4,899	48·5	4,176	42·3
Old Cairo	1,626	46·6	1,950	56·0	1,562	45·7
Wâyli	3,241	40·0	3,124	39·1	2,709	34·5
TOTAL CAIRO CITY	29,594	34·4	30,316	37·0	27,121	33·7

Chart I shows the maximum, minimum and mean weekly death-rates for the period 1921–1925 and the weekly death-rates of 1926.

(d) INFANTILE MORTALITY.

9,781 children under one year of age died during 1926 giving an infantile mortality of 220 per thousand births for the whole city as compared with 239 in 1925 and 240 in 1924.

In addition there were 16 deaths of infants coming from outside Cairo and who died in various public institutions.

During the quinquennial period ending with the present year the mean annual infantile mortality-rate was 234 per thousand births.

The highest rate during this period was 240 in 1924 and the lowest 220 in 1926 (*see* Table III).

As regards the various districts of the city, the lowest infantile mortality-rate occurred in Mûsky with 146 infantile deaths per thousand births.

Of the 9,781 deaths of children under the age of one year occurring in 1926, 9,691 were deaths of Egyptian infants and 90 of foreigners.

TABLE III.—DISTRICT INFANTILE MORTALITY-RATES PER THOUSAND BIRTHS.

DISTRICT.	1926	1925	1924
Mûsky	146	161	201
Bâb el Sha'riya	208	231	220
Ezbekîya	194	197	193
Darb el Ahmar	230	219	243
'Abdîn	188	215	216
Saiyeda Zeinab	201	210	221
Helwan	221	205	160
Khalîfa	229	235	251
Gamâliya	218	225	227
Shubra	218	250	248
Bûlâq	239	281	275
Old Cairo	284	363	290
Wâyli	229	225	242
TOTAL CAIRO CITY	220	239	240

Chart II shows the infantile death-rates for 1926 as compared with the maximum, minimum and mean weekly rates for the period 1921–1925 per hundred births.

Chart III shows the principal causes of infantile mortality in 1926.

Chart IV shows the relationship between infantile mortality from diarrhœa and the temperature.

The temperature curves shown are two, the minimum temperature and the average maximum temperature (*see* our note on Summer Diarrhœa in Infancy in our Report of 1923).

Table IV shows comparative mid-year population and vital statistics of Cairo from 1911 to 1926.

Table V, population and vital statistics of the various districts of Cairo for 1926.

TABLE IV.—COMPARATIVE MID-YEAR POPULATION AND VITAL STATISTICS OF CAIRO, 1911 TO 1926.

YEAR.	Population	Number of Deaths.	Death-rate per Thousand of Population.	Infantile Deaths.	Infantile death-rate per 1,000 of Population.	Number of Births.	Birth-rates per Thousand of Population.
1911	693,806	27,981	40·3	10,414	323	32,195	46·4
1912	704,956	26,385	37·4	9,549	303	31,655	44·8
1913	715,609	26,413	36·9	9,250	292	31,599	44·1
1914	725,670	26,198	36·0	8,875	283	31,314	43·1
1915	733,423	32,554	44·3	9,592	320	29,933	40·8
1916	740,000	28,320	38·3	9,208	295	31,170	42·1
1917	749,000	26,804	35·8	8,248	262	31,442	42·0
1918	760,008	37,568	49·4	9,242	329	28,047	36·9
1919	761,525	31,547	41·4	7,621	238	31,974	42·0
1920	761,300	27,619	36·3	9,146	255	35,984	47·3
1921	765,200	23,563	30·8	8,109	220	36,914	48·2
1922	777,500	26,692	34·3	9,964	239	41,596	53·5
1923	791,000	28,156	35·6	9,495	230	41,309	52·2
1924	804,200	27,121	33·7	9,980	240	41,540	51·6
1925	818,500	30,316	37·0	9,866	239	41,195	50·3
1926	859,400	29,494	34·4	9,781	220	44,351	51·6

TABLE V.—THE POPULATION AND VITAL STATISTICS OF CAIRO AND ITS QUARTERS IN 1926.

DISTRICT.	Population.	Number of Deaths.	Death-rates per Thousand of Population.	Number of Births.	Birth-rates per Thousand of Population.	Number of Infantile Deaths (0-1 Year).	Infantile Mortality Rate per Thousand Births.
Mûsky	25,600	582	22·7	992	38·7	145	146
Bâb el Sha'riya	71,000	2,221	31·3	3,405	48·0	709	208
Ezbekiya	61,000	1,457	23·9	2,115	34·7	410	194
'Abdîn	64,100	1,618	25·2	2,337	36·5	429	188
Saiyeda Zeinab	83,300	2,774	33·3	4,433	53·2	892	201
Khalifa	59,100	2,304	39·0	3,262	58·2	746	229
Helwan	42,200	1,286	30·5	1,808	42·8	400	221
Darb el Ahmar	73,400	2,382	32·4	3,258	44·4	750	230
Gamâliya	69,200	2,260	32·7	3,427	49·5	747	218
Shubra	92,400	3,738	40·4	5,959	64·5	1,298	218
Bûlâq	102,200	4,105	40·2	6,443	63·0	1,539	239
Old Cairo	34,900	1,626	46·6	2,273	65·1	645	284
Wâyli	81,000	3,241	40·0	4,639	57·3	1,061	229
TOTAL FOR CAIRO ...	859,400	29,594	34·4	44,351	51·6	9,781	220

The total of all Infectious Diseases notified during 1926 was 6,185 which includes 510 cases coming from outside Cairo, so that the total for Cairo proper was 5,675 as compared with 5,819 in 1925.

The rate per thousand of population for the eight principal diseases was 4,148 as compared with 4,172 in 1925 while the rate of deaths to cases was 29.8 as compared with 37.4 in the previous year. See Tables VI, VII, VIII and IX, and Figure 1.

The total number of cases notified during the year 1926 was 101 as against 21 cases in the previous year.

There were 21 deaths from this disease. The death-rate per thousand of population was 0·024 and the rate of deaths to cases recorded was 20·8 per cent.

Incidence of Small-pox cases according to age :—

Under one year	...	...	...	...	...	...	4
From 1 to 5 years	...	...	...	...	...	...	13
„ 5 to 10	„	...	...	...	...	...	12
„ 10 to 15	„	...	...	...	...	...	13
„ 15 to 25	„	...	...	...	...	...	31
„ 25 years and up		...	...	...	...	...	28
							<hr/>
							101
							<hr/>

TABLE VI.—INFECTIOUS DISEASES, 1914 TO 1926.

YEAR.	Eight Prin- cipal Diseases.	Other Infectious Diseases.	Total Number of Notifiable Diseases.	Deaths from Eight Principal Diseases.	Rate of Principal Diseases per Thousand of Population.	Death-rate of Eight Prin- cipal Diseases per Thousand of Population.	Rate of Eight Principal Disea- ses to Cases recorded.
							Per cent.
1914	9,878	405	5,283	1,610	6.722	2.218	33.0
1915	5,714	409	6,153	2,366	7.831	3.224	41.0
1916	6,771	412	7,183	2,836	9.150	3.832	41.8
1917	4,304	672	4,976	1,608	9.746	2.146	37.4
1918	8,268	64	8,882	3,397	10.535	4.328	41.1
1919	9,164	708	9,872	3,970	11.659	5.051	43.3
1920	4,838	2,141	6,982	1,193	6.155	1.899	30.9
1921	2,026	2,733	4,758	599	2.550	0.754	29.6
1922	2,555	2,185	4,740	850	3.165	1.053	33.3
1923	3,189	1,485	4,674	986	3.383	1.200	30.9
1924	2,190	1,878	4,220	666	2.623	0.797	30.4
1925	3,546	2,273	5,819	1,328	4.172	1.562	37.4
1926	3,565	2,110	3,675	1,064	4.148	1.228	29.8

TABLE VII.—ZYMOTIC DISEASES CASES AND DEATH-RATES IN CAIRO DISTRICTS IN 1926.

DISTRICT.	Population.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Deaths to Cases recorded.
						Per cent.
Mûsky	25,600	64	2.500	8	0.312	12.5
Bâb el Sha'riya	71,000	173	2.436	51	0.718	29.5
Ezbekiya	61,000	268	4.393	47	0.770	17.5
'Abdîn	64,100	245	3.822	49	0.764	20.0
Saiyeda Zeinab	83,300	397	4.765	107	1.284	26.9
Khalifa	59,100	298	5.042	93	1.573	31.2
Helwan	42,200	153	3.625	20	0.473	13.1
Darb el Ahmar	73,400	227	3.092	99	1.348	43.6
Gamâliya	69,200	123	1.777	40	0.578	32.5
Shubra	92,400	511	5.530	174	1.883	34.0
Bûlâq... ..	102,200	370	3.620	176	1.722	47.6
Old Cairo	34,900	84	2.406	34	0.974	40.5
Wâyli	81,000	652	8.049	166	2.049	25.5
TOTAL FOR CAIRO ...	859,400	3,565	4.148	1,064	1.238	29.8

TABLE VIII.—INFECTIOUS DISEASE FROM 1922 TO 1926.

Estimated mid-year population in

1922=807,090.
1923=821,230.
1924=834,870.
1925=849,750.
1926=859,400.

DISEASE.	YEAR.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Deaths to Cases recorded.
						Per cent.
Small-pox	1922	24	0·029	10	0·012	41·7
	1923	28	0·034	13	0·015	46·4
	1924	205	0·245	51	0·061	24·9
	1925	21	0·024	2	0·002	9·5
	1926	101	0·117	21	0·024	20·8
Measles	1922	982	1·216	332	0·411	33·8
	1923	1,418	1·726	452	0·550	31·8
	1924	175	0·209	53	0·063	30·3
	1925	1,468	1·748	662	0·779	44·5
	1926	1,348	1·568	486	0·565	36·0
Scarlet fever	1922	68	0·084	2	0·002	2·9
	1923	29	0·035	3	0·003	11·1
	1924	82	0·098	—	—	—
	1925	45	0·052	3	0·003	6·7
	1926	53	0·061	3	0·003	5·7
Diphtheria	1922	418	0·517	146	0·180	34·9
	1923	619	0·753	194	0·236	31·3
	1924	711	0·851	243	0·291	34·2
	1925	872	1·026	299	0·351	34·3
	1926	736	0·856	221	0·257	30·0
Typhoid fever	1922	859	1·064	226	0·280	26·3
	1923	969	1·179	242	0·294	25·0
	1924	901	1·079	253	0·303	28·1
	1925	1,073	1·262	327	0·384	30·5
	1926	1 200	1·396	296	0·344	24·7
Typhus fever	1922	183	0·226	124	0·153	65·8
	1923	112	0·136	77	0·093	68·7
	1924	107	0·128	60	0·071	56·1
	1925	38	0·044	31	0·036	81·6
	1926	122	0·141	33	0·038	27·0
Relapsing fever	1922	13	0·016	4	0·004	30·8
	1923	2	0·002	—	—	—
	1924	1	0·001	—	—	—
	1925	2	0·002	—	—	—
	1926	—	—	—	—	—
Cerebro-spinal fever	1922	8	0·009	6	0·007	75·0
	1923	12	0·014	5	0·006	41·7
	1924	8	0·009	6	0·007	75·0
	1925	9	0·010	4	0·004	44·4
	1926	5	0·005	4	0·004	80·9
TOTALS	1922	2,555	3·165	850	1·053	33·3
	1923	3,189	3·883	981	1·209	30·9
	1924	2,190	2·623	636	0·797	30·4
	1925	3,546	4·172	1,328	1·562	37·4
	1926	3,565	4·148	1,061	1·238	29·8

TABLE IX.—DISTRICT DISTRIBUTIONS OF THE PRINCIPAL ZYMOTIC DISEASES IN 1926.

DISTRICT.	Population.	SMALL-POX.		RELAPSING FEVER.		CEREBRO-SPINAL FEVER.		TYPHUS FEVER.		TYPHOID FEVER.		SCARLET FEVER.		DIPHTHERIA.		MEASLES.		TOTALS.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Mûsky...	25,600	4	1	—	—	—	—	—	—	21	1	3	—	22	6	14	—	64	8
Bâb el Shâfiya...	71,000	1	—	—	—	2	2	4	2	67	16	2	—	38	10	59	21	173	51
Ezbekiyya ...	61,000	4	—	—	—	1	1	1	1	130	22	7	—	66	18	56	5	268	47
‘Abdin ...	64,100	9	1	—	—	—	—	2	1	88	19	9	—	53	13	84	15	245	49
Saiyeda Zeinab...	83,300	12	5	—	—	—	—	1	1	123	20	6	—	108	33	147	48	397	107
Khalifa ...	59,100	2	1	—	—	—	—	83	18	84	36	—	—	57	21	72	17	298	93
Helwan ...	42,200	9	2	—	—	1	1	1	—	39	2	4	—	23	3	76	12	153	20
Darb el Ahmar...	73,400	2	—	—	—	—	—	13	3	62	14	2	1	59	26	89	55	227	99
Gamâliyya ...	69,200	2	—	—	—	—	—	2	1	45	10	2	—	28	13	44	16	123	40
Shubra ...	92,400	9	2	—	—	—	—	2	2	161	17	8	1	80	15	251	137	511	174
Bûlâq ...	102,200	11	3	—	—	1	—	5	1	148	84	2	1	55	21	148	66	370	176
Old Cairo ...	34,900	22	6	—	—	—	—	1	—	24	10	—	—	26	12	11	6	84	34
Wâyli ...	81,000	14	—	—	—	—	—	4	3	208	45	8	—	121	30	297	88	652	166
TOTAL FOR CAIRO ...	859,400	101	21	—	—	5	4	122	33	1,200	296	53	3	736	221	1,348	486	3,565	1,064
Extra-urban Admissions to Cairo Hospitals and Military Cases ...	...	19	2	—	—	—	—	3	2	116	12	3	—	30	4	129	3	300	23
TOTALS ...	...	120	23	—	—	5	4	125	35	1,316	308	56	3	766	225	1,477	489	3,865	1,087

TABLE X.—SMALL-POX CASES AND DEATH-RATES IN CAIRO DISTRICTS IN 1926.

DISTRICT.	Population.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Death to Cases recorded. Per cent.
Mûsky... ..	25,600	4	0·156	1	0·039	25·0
Bâb el Sha'riya	71,000	1	0·014	—	—	—
Ezbekiya	61,000	4	0·065	—	—	—
'Abdîn	64,100	9	0·140	1	0·015	11·1
Saiyeda Zeinab... ..	83,300	12	0·144	5	0·060	41·7
Khalifa	59,100	2	0·033	1	0·016	50·0
Helwân	42,200	9	0·213	2	0·047	22·2
Darb el Ahmar	73,400	2	0·027	—	—	—
Gamâliya	69,200	2	0·028	—	—	—
Shubra	92,400	9	0·097	2	0·021	22·2
Bûlâq	102,200	11	0·107	3	0·029	27·3
Old Cairo	34,900	22	0·630	6	0·171	27·3
Wâyli	81,000	14	0·172	—	—	—
TOTAL FOR CAIRO ...	859,400	101	0·117	21	0·024	20·8

Measles.

The total number of cases recorded in 1926 was 1,348 as against 1,486 in 1925 and 175 in 1924. This gives a rate of 1·568 per thousand of population.

There were 486 deaths from this disease, 423 of which were diagnosed after death. The death-rate per thousand of population was 0·565 whilst the ratio of deaths to cases notified was 36 per cent.

See Table XI (with Fig. 3) and Chart VI.

Scarlet Fever.

There were 53 cases notified during the year 1926 as compared with 45 cases in 1925. This gives a rate of 0·061 per thousand of population.

There were 3 deaths of this disease. The death-rate per thousand of population was therefore 0·003, whilst the ratio of deaths to cases notified was 5·7 per cent.

Of the total number of cases 31 were natives and the others being 2 French, 2 Italians, 1 English, 3 Jews, 7 Greeks, 4 Syrians, 1 Swedish, 1 Belgian and 1 Russian.

See Table XII (Fig. 4) and Chart VII.

Diphtheria.

The total number of cases recorded in 1926 was 736 as compared with 672 in 1925 and 711 in 1924. This gives a rate of 0·856 per thousand of population. The total number of deaths was 221 thus giving a death-rate of 0·257 per thousand of population and a ratio of 30·0 per hundred cases notified.

Out of the total deaths 88 were found dead. The highest case-rate occurred in Wâyli being 1·493 per thousand of population.

See Table XIII (Fig. 5) and Chart VIII.

Typhoid Fever.

The total number of cases notified during the year 1926 was 1,200 as against 1,073 in 1925 and 901 in 1924.

The case-rate for the year was therefore 1·396 per thousand of population.

The number of deaths from this disease was 296 of which 176 were diagnosed after death on the history given by the relatives.

The death-rate was 0·344 per thousand of population and the ratio of deaths to cases notified was 24·7 per hundred.

The highest case-rate occurred in Wâyli being 2·567 per thousand of population. See Table XIV (Fig. 6) and Chart IX.

The cases are distributed as follows :—

Natives	1,016	Austrians	3
Jews	32	Romanians... ..	2
Italians	21	Spanish	1
Armenians... ..	26	Germans	6
Syrians	30	Dutch	1
English	11	Swiss	4
French	9	Australian	1
Greeks	24	Other Nationalities	13

A further analysis shows that the 1,200 cases occurred in Cairo, if we exclude 42 cases occurring at the Hod el Marsoud Hospital and 33 cases occurred in prisons and Garrisons, the remainder should be divided as follows :—

1,013 cases occurred in 1,013 families (*i.e.* 1 case in each family).

84	„	„	„	42	„	(<i>i.e.</i> 2 cases in each of 42 families).
15	„	„	„	5	„	(<i>i.e.</i> 3 „ „ „ 5 „).
8	„	„	„	2	„	(<i>i.e.</i> 4 „ „ „ 2 „).
5	„	„	„	one family	(<i>i.e.</i> 5 „ „ „ 1 family).	

That is to say that out of the 1,125 cases occurring in 1,063 families, only 62 may have contracted the disease from other members of the family.

14,008 prophylactic vaccinations were carried out against typhoid.

TABLE XI.—MEASLES CASES AND DEATH-RATES IN CAIRO DISTRICTS IN 1926.

DISTRICT.	Population.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Deaths to Cases recorded.
						Per cent.
Mûsky... ..	25,600	14	0·546	—	—	—
Bâb el Sha'riya... ..	71,000	59	0·830	21	0·295	35·6
Ezbekiya	61,000	56	0·918	5	0·081	8·9
'Abdîn	64,100	84	1·310	15	0·234	17·9
Saiyeda Zeinab... ..	83,300	147	1·764	48	0·576	32·6
Khalifa	59,100	72	1·218	17	0·287	23·6
Helwan	42,200	76	1·800	12	0·284	15·8
Darb el Ahmar... ..	73,400	89	1·212	55	0·749	61·8
Gamâliya	69,200	44	0·635	16	0·231	36·4
Shubra	92,400	251	2·716	137	1·482	54·6
Bûlâq	102,200	148	1·448	66	0·645	44·6
Old Cairo	34,900	11	0·315	6	0·171	54·5
Wâyli	81,000	297	3·666	88	1·086	29·6
TOTAL FOR CAIRO	859,400	1,348	1·568	486	0·565	36·0

TABLE XII.—SCARLET FEVER CASES AND DEATH-RATES IN CAIRO DISTRICTS IN 1926.

DISTRICT.	Population.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Deaths to Cases recorded.
						Per cent.
Mûsky... ..	25,600	3	0·117	—	—	—
Bâb el Sha'riya... ..	71,000	2	0·028	—	—	—
Ezbekiya	61,000	7	0·114	—	—	—
'Abdîn... ..	64,100	9	0·140	—	—	—
Saiyeda Zeinab	83,300	6	0·072	—	—	—
Khalifa	59,100	—	—	—	—	—
Helwan	42,200	4	0·094	—	—	—
Darb el Ahmar... ..	73,400	2	0·027	1	0·013	50·0
Gamâliya	69,200	2	0·028	—	—	—
Shubra	92,400	8	0·086	1	0·010	12·5
Bûlâq	102,200	2	0·019	1	0·009	50·0
Old Cairo	34,900	—	—	—	—	—
Wâyli	81,000	8	0·098	—	—	—
TOTAL FOR CAIRO	859,400	53	0·061	3	0·003	5·7

TABLE XIII.—DIPHTHERIA CASES AND DEATH-RATES IN CAIRO DISTRICTS IN 1926.

DISTRICT.	Population.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Deaths to Cases recorded.
						Per cent.
Mûsky... ..	25,600	22	0·859	6	0·234	27·3
Bâb el Sha'riya... ..	71,000	38	0·535	10	0·140	26·3
Ezbekîya	61,000	66	1·081	18	0·295	27·3
'Abdîn... ..	64,100	53	0·826	13	0·202	24·5
Saiyeda Zeinab... ..	83,300	108	1·296	33	0·396	30·5
Khalîfa	59,100	57	0·964	21	0·355	36·8
Helwan	42,200	23	0·545	3	0·071	13·0
Darb el Ahmar... ..	73,400	59	0·803	26	0·354	44·1
Gamâliya	69,200	28	0·404	13	0·187	46·4
Shubra	92,400	80	0·865	15	0·162	18·7
Bûlâq	102,200	55	0·538	21	0·205	38·2
Old Cairo	34,900	26	0·744	12	0·343	46·1
Wâyli	81,000	121	1·493	30	0·370	24·8
TOTAL FOR CAIRO	859,400	736	0·856	221	0·257	30·0

TABLE XIV.—TYPHOID FEVER CASES AND DEATH-RATES IN CAIRO DISTRICTS IN 1926.

DISTRICT.	Population.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Deaths to Cases recorded.
						Per cent.
Mûsky... ..	25,600	21	0·820	1	0·039	4·8
Bâb el Sha'riya... ..	71,000	67	0·943	16	0·225	23·9
Ezbekîya	61,000	130	2·131	22	0·360	16·9
'Abdîn	64,100	88	1·372	19	0·296	21·6
Saiyeda Zeinab... ..	83,300	123	1·476	20	0·240	16·3
Khalîfa	59,100	84	1·421	36	0·609	42·9
Helwan	42,200	39	0·924	2	0·047	5·1
Darb el Ahmar... ..	73,400	62	0·844	14	0·190	22·6
Gamâliya	69,200	45	0·650	10	0·144	22·2
Shubra	92,400	161	1·742	17	0·183	10·6
Bûlâq... ..	102,200	148	1·448	84	0·821	56·8
Old Cairo	34,900	24	0·687	10	0·286	41·7
Wâyli... ..	81,000	208	2·567	45	0·555	21·6
TOTAL FOR CAIRO	859,400	1,200	1·396	296	0·344	24·7

Typhus.

The total number of cases recorded during the year 1926 was 122, out of which 42 occurred in Cairo Prisons, Khalîfa Qism.

The case-rate per thousand of population was 0·141. 10 cases were diagnosed after death.

The total number of deaths was 33 giving a death-rate of 0·038 per thousand of population, and the ratio of deaths to cases notified is 27·0 per cent. The highest case-rate was in Khalîfa with 1·404 per thousand of population.

See Table XV (Fig. 7) and Chart X.

Relapsing Fever.

No cases occurred this year as compared with 2 cases in 1925 and one case in 1924.

See Table XVI (Fig. 8) and Chart XI.

Cerebro-spinal Fever.

There were 5 cases of this disease during the year 1926 as compared with 9 cases in 1925 and 8 cases in 1924.

The number of deaths was 4. The case and death-rates were 0·005 and 0·004 respectively per thousand of population.

See Table XVII (Fig. 9) and Chart XII.

Puerperal Fever.

The total number of cases from this disease during 1926 was 77 as compared with 48 cases in 1925. There were 67 deaths from this disease.

There were 33 deaths which occurred within a fortnight of confinement, which if added to the others, make a total of 100.

The causes of those 33 deaths are given as : 2 difficult labour, 2 eclampsia, 10 septicæmia, 3 hæmorrhage, 7 abortion, 2 heart disease, 3 pneumonia, 1 nephritis, 2 rupture of the uterus and 1 typhoid.

The death-rate of Puerperal Fever was therefore 0·089 per thousand of population or 1·736 per thousand of births. If the 33 deaths which occurred within a fortnight of confinement be added to death-rate due to child-birth will be 0·116 per thousand of population or 2·254 per thousand of births. See Table XVIII.

TABLE XV.—TYPHUS FEVER CASES AND DEATH-RATES IN CAIRO DISTRICTS IN 1926.

DISTRICT.	Population.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Deaths to Cases recorded.
						Per cent.
Mûsky	25,600	—	—	—	—	—
Bâb el Sha'riya... ..	71,000	4	0·056	2	0·028	50·0
Ezbekiya	61,000	4	0·065	1	0·016	25·0
'Abdîn... ..	64,100	2	0·031	1	0·015	50·0
Saiyeda Zeinab... ..	83,300	1	0·012	1	0·012	100·0
Khalifa	59,100	83	1·404	18	0·304	21·7
Helwan	42,200	1	0·023	—	—	—
Darb el Ahmar... ..	73,400	13	0·177	3	0·040	23·1
Gamâliya	69,200	2	0·028	1	0·014	50·0
Shubra	92,400	2	0·021	2	0·021	100·0
Bûlâq	102,200	5	0·048	1	0·009	20·0
Old Cairo	34,900	1	0·028	—	—	—
Wâyli	81,000	4	0·049	3	0·037	75·0
TOTAL FOR CAIRO ...	859,400	122	0·141	33	0·038	27·0

TABLE XVI.—RELAPSING-FEVER CASES AND DEATH-RATES IN CAIRO DISTRICTS IN 1926.

DISTRICT.	Population.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Deaths to Cases recorded.
Mûsky	25,600	—	—	—	—	—
Bâb el Sha'riya	71,000	—	—	—	—	—
Ezbekiya	61,000	—	—	—	—	—
'Abdîn... ..	64,100	—	—	—	—	—
Saiyeda Zeinab... ..	83,300	—	—	—	—	—
Khalifa	59,100	—	—	—	—	—
Helwan	42,200	—	—	—	—	—
Darb el Ahmar... ..	73,400	—	—	—	—	—
Gamâliya	69,200	—	—	—	—	—
Shubra	92,400	—	—	—	—	—
Bûlâq	102,200	—	—	—	—	—
Old Cairo	34,900	—	—	—	—	—
Wâyli	81,000	—	—	—	—	—
TOTAL FOR CAIRO ...	859,400	—	—	—	—	—

TABLE XVII.—CEREBRO-SPINAL FEVER CASES AND DEATH-RATES IN CAIRO DISTRICTS IN 1926.

DISTRICT.	Population.	Number of Cases recorded.	Cases recorded per Thousand of Population.	Number of Deaths.	Death-rate per Thousand of Population.	Ratio of Deaths to Cases recorded.
						Per cent.
Mûsky... ..	25,600	—	—	—	—	—
Bâb el Sha'riya... ..	71,000	2	0·028	2	0·028	100·0
Ezbekiya	61,000	1	0·016	1	0·016	100·0
‘Abdîn... ..	64,100	—	—	—	—	—
Saiyeda Zeinab... ..	83,300	—	—	—	—	—
Khalifa	59,100	—	—	—	—	—
Helwan	42,200	1	0·023	1	0·023	100·0
Darb el Ahmar... ..	73,400	—	—	—	—	—
Gamâliya	69,200	—	—	—	—	—
Shubra	92,400	—	—	—	—	—
Bûlâq	102,200	1	0·009	—	—	—
Old Cairo	34,900	—	—	—	—	—
Wâyli	81,000	—	—	—	—	—
TOTAL FOR CAIRO ...	859,400	5	0·005	4	0·004	80·0

TABLE XVIII.—PUERPERAL FEVER, 1914-1926.

YEAR.	Deaths from Puerperal Fever.	Deaths within a Fortnight of Confinement.	Total Maternal Deaths.	Death-rate of Puerperal Fever per 1000 Births.	Death-rate of Puerperal Fever per 1000 of Population.	Death-rate of all Maternal Deaths per 1000 Births.	Death-rate of all Maternal Deaths per 1000 of Population.
1914	48	30	78	1·532	0·016	2·490	0·107
1915	85	32	117	2·839	0·115	3·903	0·159
1916	75	29	104	2·406	0·113	3·336	0·140
1917	55	27	82	1·766	0·073	2·607	0·109
1918	85	31	116	3·030	0·112	4·135	0·152
1919	55	25	80	1·720	0·072	2·502	0·105
1920	48	30	78	1·333	0·062	2·170	0·102
1921	60	28	88	1·625	0·078	2·381	0·115
1922	58	27	85	1·394	0·074	2·043	0·109
1923	32	28	60	0·774	0·038	1·452	0·075
1924	44	31	75	1·059	0·052	1·805	0·089
1925	39	40	79	0·946	0·045	1·191	0·092
1926	67	33	100	1·736	0·089	2·254	0·116

Influenza.

The total number of cases notified during the year 1926 was 1,203 as against 1,272 in 1925 and 949 in 1924. This gives a case-rate of 1·399 per thousand of population as against 1·496 in 1925 and 1·136 in 1924.

The number of deaths attributed to this disease was 100 which gives a death-rate of 0·116 per thousand of population as compared with 0·127 in 1925.

The number of deaths of all respiratory diseases, excluding pulmonary tuberculosis, was 4,970, out of which 2,653 were due to pneumonia, 2,190 to bronchitis, 40 to pleurisy and 87 to other respiratory diseases.

Of the 2,653 deaths from pneumonia 1,911 were children up to 5 years of age, 191 from 5 up to 15, 185 from 15 up to 35 and 366 from 35 over.

Table XIX shows the comparison of deaths from influenza and those from pneumonia and other respiratory diseases.

TABLE XIX.—INFLUENZA AND RESPIRATORY DISEASES, 1926.

WEEK ENDING		Influenza Cases.	Deaths from Influenza.	Deaths from Pneumonia and Broncho-Pneumonia.	Deaths from all Respiratory Diseases, excluding Pulmonary Tuberculosis.	WEEK ENDING		Influenza Cases.	Deaths from Influenza.	Deaths from Pneumonia and Broncho-Pneumonia.	Deaths from all Respiratory Diseases, excluding Pulmonary Tuberculosis.
1	January 7 ...	44	1	46	106	27	July 8...	19	3	28	56
2	„ 14 ...	37	4	67	137	28	„ 15...	29	—	38	70
3	„ 21 ...	35	5	60	126	29	„ 22...	12	—	52	72
4	„ 28 ...	40	2	51	114	30	„ 29...	13	2	50	84
5	February 4 ...	33	5	60	125	31	August 5...	19	1	49	71
6	„ 11 ...	37	4	57	110	32	„ 12...	14	1	44	70
7	„ 18 ...	33	4	56	115	33	„ 19...	14	—	30	63
8	„ 25 ...	36	5	58	124	34	„ 26...	22	3	37	72
9	March 4 ...	18	1	57	128	35	September 2...	22	1	35	68
10	„ 11 ...	29	1	74	150	36	„ 9...	17	2	26	50
11	„ 18 ...	18	5	66	137	37	„ 16...	22	1	27	51
12	„ 25 ...	23	—	73	141	38	„ 23...	19	—	30	52
13	April 1 ...	15	3	53	109	39	„ 30...	22	—	35	66
14	„ 8 ...	22	1	53	109	40	October 7...	17	1	29	63
15	„ 15 ...	24	6	60	126	41	„ 14...	14	1	28	62
16	„ 22 ...	25	2	63	146	42	„ 21...	22	1	39	70
17	„ 29 ...	22	1	66	140	43	„ 28...	25	—	38	66
18	May 6 ...	36	1	57	105	44	November 4...	23	2	49	68
19	„ 13 ...	21	2	70	138	45	„ 11 ..	21	—	37	58
20	„ 20 ...	25	1	57	103	46	„ 18...	18	4	37	66
21	„ 27 ...	23	1	66	106	47	„ 25...	28	4	56	86
22	June 3 ...	19	2	41	81	48	December 2...	16	3	49	71
23	„ 10 ...	20	4	76	135	49	„ 9...	13	2	56	91
24	„ 17 ...	10	—	60	98	50	„ 16...	18	2	61	110
25	„ 24 ...	10	—	55	97	51	„ 23...	23	2	72	109
26	July 1 ...	37	1	39	79	52	„ 31...	29	2	80	120
TOTALS								1,203	100	2,653	4,970

Ambulance Service.

During 1926 there were 1,849 calls made on the Ambulance Service as against 1,711 in 1925. Of the total, 1,724 journeys were made by the motor ambulances and 125 by the hooded carts.

Vaccinations.

The total number of vaccinations carried out during 1926 by the Qism Medical Officers and those of the Inspectorate was 184,566. Of this total 41,195 were primary vaccinations, 40,730 of which were among natives and 465 among foreigners, the remaining 143,371 were secondary vaccinations against small-pox.

Besides these, the Inspectorate issued to private practitioners, schools, Government Departments and Business Firms, lymph sufficient for 199,085 persons.

Disinfection Service.

The total number of rooms disinfected during 1926 was 26,356. Of this total, 13,360 were done by the Abbâsiya Disinfection Station and 12,996 by the Fum el Khalîg Staff.

This makes an average of 36·6 rooms per day for Abbâsiya and 35·8 for Fum el Khalîg.

Of the total of rooms disinfected 11,998 were treated by sublimate, 697 by formalin, 12,637 by izal, 98 by sulphur and 826 by petroleum emulsion. In addition, there were 129,358 articles of clothing removed to the two Stations for disinfection by steam.

Of the total number 94,343 were disinfected by the Abbâsiya Station and 35,015 by the Fum el Khalîg Disinfecting Station.

Delousing.

The total number of contacts of typhus fever who were deloused during the year was 445 of which 213 were males and 232 females.

Death Inquiries.

The total number of uncertified deaths during 1926 which required to be investigated was 17,734 as against 19,282 in 1925. The proportion, therefore, of uncertified deaths to the total Cairo deaths (*i.e.* 29,594) was 59·9 per cent as against 63·6 per cent in 1925.

Out of the total 17,734 uncertified deaths, 11,514 were investigated by the Qism Medical Officers, *i.e.* 65·5 per cent, and 4,616 or 26·0 per cent were inquired into by the Qism Mowaledas, 1,518 or 8·6 per cent by sanitary barbers and 85 or 0·5 per cent by the village Dâyas. Therefore the daily average of inquiries was 48·6.

The average per day for the Medical Officers was 31·5, and for the Mowaledas was 12·6, for the sanitary barbers 4·2, for the village dâyas 0·2.

In 1926 the largest number of inquiries were made by the Medical Officer of Khalîfa Qism who investigated 1,549 deaths.

See Table XX.

TABLE XX.—DISTRIBUTION OF UNCERTIFIED DEATHS AND DEATH INQUIRIES IN THE VARIOUS DISTRICTS IN 1926.

DISTRICT.	All Deaths.	UNCERTIFIED DEATHS.					Percentage of Deaths Uncertified.
		Investigated by District Medical Officers.	Investigated by District <i>Hakîmas.</i>	Investigated by Village Sanitary Barbers.	Investigated by Village <i>Dâyas.</i>	District Totals.	
							Per cent.
Mûsky	582	168	47	—	—	215	36·9
Bâb el Sha'riya	2,221	659	153	—	—	812	36·6
Ezbekiya	1,457	311	80	—	—	391	26·8
'Abdîn	1,618	759	150	—	—	909	56·2
Saiyeda Zeinab	2,774	813	776	—	—	1,589	57·3
Helwân	1,286	257	34	545	66	902	70·1
Khalifa	2,304	1,549	298	—	—	1,847	80·2
Darb el Ahmar	2,382	1,210	207	—	—	1,417	59·5
Gamâliya	2,260	1,018	297	—	—	1,315	58·2
Shubra	3,738	1,168	443	761	6	2,378	63·6
Bûlâq ... {	Bûlâq I	2,747	1,021	1,050	—	2,071	75·4
	Bûlâq II	1,358	550	423	—	973	71·6
Old Cairo	1,626	941	219	—	—	1,160	71·3
Wâyli ... {	Zeitûn	1,366	354	227	212	806	59·0
	'Abbâsiya	1,875	736	213	—	949	50·6
TOTALS FOR CAIRO ..	29,594	11,514	4,617	1,518	85	17,734	59·9

GOVERNMENT FEVER HOSPITAL, ABBASIYA.

During the year 1926, there were 2,533 admissions to the Government Fever Hospital as compared with 1,958 in 1925. Of these 1,560 were males and 973 were females. Table XXI.

The number of patients admitted each month was 152 in January, 226 in February, 214 in March, 217 in April, 266 in May, 191 in June, 252 in July, 252 in August, 296 in September, 198 in October, 126 in November and 143 in December. Table XXII.

The admissions consisted of 103 small-pox, 75 chicken-pox, 151 measles, 13 scarlet fever, 505 typhoid and 17 paratyphoid (= 522), 109 typhus, 5 cerebro-spinal fever, 161 diphtheria, 6 whooping cough, 35 mumps, 679 influenza, 61 erysipelas, 1 malta fever and other cases consisting of 185 cases sent to hospital under a mistaken diagnosis of infectious disease, 77 persons sent in under observation in whom no disease of any sort manifested itself and 350 mothers of young children and persons accompanying patients. Tables XXI and XXIII.

The 185 cases sent to hospital under a mistaken diagnosis of infectious diseases were found on examination to consist of 29 gastro-enteritis, 14 pneumonia, 5 bronchitis, 10 phthisis, 14 malaria, 52 dysentery, 25 various skin diseases, 26 cases of tonsilitis and 30 other cases of a most diverse nature consisting of tumours, heart disease, etc.

Of the 2,533 admissions, 109 were first class, 319 second class and 2,105 third class.

The admissions from the eight principal notifiable diseases (small-pox, measles, scarlet fever, diphtheria, typhoid, typhus, relapsing and cerebro-spinal fevers) were 1,047.

From the admissions, however, should be deducted 122 military cases.

There were 221 deaths in hospital during 1926, or estimated on the 2,533 admissions 8·7 per cent of the cases admitted.

Of these there were 23 caused by typhus with a case mortality of 21·1 per cent, 79 of typhoid with a case mortality of 15·6 per cent, 31 of diphtheria with a case mortality of 19·2 per cent, 14 by small-pox with a case mortality of 13·6 per cent, and 5 by cerebro-spinal fever, all died. These cases of cerebro-spinal fever were admitted in a very advanced condition, some of them in agony. Death in them occurred from 2 hours up to 3 days after their admission. Table XXIV.

In addition there were 27 deaths amongst patients sent in under mistaken diagnosis of various infectious diseases and whose condition did not permit of a refusal of admission.

These are 4 broncho-pneumonia, 4 enteritis, 3 phthisis, 6 dysentery, 1 myocarditis, 1 pyaemic abscesses, 1 septicæmia, 3 puerperal fever, 1 morvis corditis, 1 general debility, 1 gangrene of scrotum and 1 paralysis of the larynx.

Included amongst the 2,105 third class admissions were 140 sick convicts from Cairo prisons. Of these 24 were suffering from typhoid, 78 of typhus, 27 from influenza, 2 from diphtheria, and 1 case of para-typhoid. Table XXV.

Of the convict patients 18 died, death being due to typhus in 14 cases and typhoid in 4 cases. Table XXVI. The convict mortality was therefore 12·9 per cent of the total number of cases admitted.

TABLE XXI.—GOVERNMENT FEVER HOSPITAL, ABBASIYA.
MALE AND FEMALE PATIENTS ADMITTED EACH MONTH AND THE DISEASES FOR WHICH
THEY WERE ADMITTED DURING 1926.

MONTH.	SEX.	Small-pox.	Chicken-pox.	Measles.	Scarlet Fever.	Typhoid Fever.	Typhus Fever.	Influenza.	Cerebro-spinal Fever.	Diphtheria.	Whooping Cough.	Mumps.	Erysipelas.	Other Diseases.	Cases under observation.	Persons accompanying Sick.	Malta Fever.	Paratyphoid Fever.	TOTAL.
January	Male ...	3	6	5	1	18	2	40	—	8	—	2	4	1	1	3	1	1	98
	Female ...	3	5	2	1	4	1	2	—	7	—	—	—	—	—	29	—	—	54
February	Male ...	—	3	19	—	26	72	30	1	10	—	1	2	8	—	1	—	—	173
	Female ...	—	1	11	1	6	1	3	—	5	—	1	3	2	—	19	—	—	53
March...	Male ...	7	10	19	2	14	13	45	—	7	—	2	3	14	3	5	—	1	145
	Female ...	5	7	18	—	1	5	3	—	4	—	1	3	3	—	19	—	—	69
April ...	Male ...	8	11	15	1	15	7	34	1	4	—	7	3	18	4	1	—	1	130
	Female ...	9	5	14	—	4	3	3	—	8	—	—	1	9	1	30	—	—	87
May ...	Male ...	9	7	14	—	29	2	54	1	3	—	6	5	11	4	4	—	1	153
	Female ..	11	6	12	—	22	1	6	—	9	1	1	2	2	4	35	—	1	113
June ...	Male ...	7	2	11	1	23	—	57	1	7	—	4	1	8	3	3	—	3	131
	Female ...	11	1	6	—	6	—	9	—	4	—	1	2	4	3	13	—	—	60
July ...	Male ...	8	2	—	1	35	1	66	—	6	1	1	4	21	13	3	—	—	151
	Female ...	14	1	—	1	19	1	9	—	3	1	1	1	13	9	28	—	—	101
August	Male ...	2	1	—	2	64	—	65	—	4	—	2	3	9	3	1	—	1	157
	Female ...	2	—	—	—	40	—	18	—	3	—	1	2	2	2	25	—	—	95
September	Male ...	—	2	—	—	52	1	52	1	15	2	—	1	15	2	1	—	4	148
	Female ...	—	1	2	2	47	—	29	—	7	—	—	1	5	5	46	—	3	148
October	Male ...	1	—	—	—	35	—	50	—	7	—	—	2	11	2	4	—	—	112
	Female ...	—	1	—	—	24	—	15	—	6	—	1	1	2	5	31	—	—	86
November	Male ...	1	—	1	—	13	—	31	—	12	1	—	2	7	6	—	—	—	74
	Female ...	—	—	—	—	9	—	7	—	—	—	—	1	4	3	23	—	—	52
December	Male ...	—	2	—	—	9	—	42	—	8	—	2	12	7	2	4	—	—	88
	Female ...	—	1	2	—	—	—	9	—	9	—	1	2	6	2	22	—	1	55
TOTAL...	Male ...	48	46	84	8	323	97	566	5	91	4	27	42	133	43	30	1	12	1,560
	Female ...	55	29	67	5	182	12	113	—	70	2	8	19	52	34	320	—	5	973
TOTALS ...		103	75	151	13	505	109	679	5	161	6	35	61	185	77	350	1	17	2,533

TABLE XXII.—GOVERNMENT FEVER HOSPITAL.

Admission per Month by Classes and Sex during 1926.

Admissions	2,533	Cured	2,307
Male	1,560	Died	221
Female	973	Unrelieved	5
1st Class	109		
2nd Class	319		
3rd Class	2,105		

Month.	Total.	Male.	Female.	1st Class.	2nd Class.	3rd Class.
January	152	98	54	13	9	130
February	226	173	53	6	17	203
March	214	145	69	6	39	169
April	217	130	87	9	44	164
May	266	153	113	5	36	225
June	191	131	60	16	24	151
July... ..	252	151	101	9	35	208
August	252	157	95	9	28	215
September	296	148	148	17	40	239
October	198	112	86	7	14	177
November	126	74	52	7	20	99
December	143	88	55	5	13	125
TOTAL	2,533	1,560	973	109	319	2,105

TABLE XXIII.— GOVERNMENT FEVER HOSPITAL, ABBASÛYA.

ADMISSIONS BY CLASSES PER MONTH AND THE DISEASES FOR WHICH THEY WERE ADMITTED, 1926.

MONTH.	CLASS.	Small-pox.	Chicken-pox.	Measles.	Scarlet Fever.	Typhoid Fever.	Typhus Fever.	Influenza.	Cerebro-spinal Fever.	Diphtheria.	Whooping Cough.	Mumps.	Erysipelas.	Other Diseases.	Observation cases.	Persons accounting sick.	Malta Fever.	Paratyphoid Fever.	TOTAL.
January ...	First ...	—	2	1	1	3	—	—	—	1	—	—	—	1	—	4	—	—	13
	Second ...	—	2	2	—	—	—	—	—	4	—	—	—	—	—	1	—	—	9
	Third ...	8	7	4	1	19	3	42	—	10	—	2	4	—	1	27	1	1	130
February	First ...	—	—	4	—	—	—	—	—	1	—	—	—	—	—	1	—	—	6
	Second ...	—	—	6	1	1	1	—	—	8	—	—	—	—	—	—	—	—	17
	Third ...	—	4	20	—	31	72	33	1	6	—	2	5	10	—	19	—	—	203
March ...	First ...	2	1	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	6
	Second ...	3	2	24	1	2	1	—	—	2	—	—	—	1	—	2	—	1	39
	Third ...	7	14	12	1	13	17	48	—	8	—	3	6	16	3	21	—	—	169
April ...	First ...	—	1	2	—	1	—	—	—	—	—	—	—	1	1	3	—	—	9
	Second ...	2	3	13	1	5	1	—	1	5	—	1	—	6	2	4	—	—	44
	Third ...	15	12	14	—	13	9	37	—	7	—	6	4	20	2	24	—	1	164
May...	First ...	—	—	1	—	3	1	—	—	—	—	—	—	—	—	—	—	—	5
	Second ...	4	2	5	—	3	—	1	—	5	—	—	3	9	—	4	—	—	36
	Third ...	16	11	20	—	45	2	59	1	7	1	7	4	7	8	35	—	2	225
June ...	First ...	1	—	—	—	10	—	—	—	1	—	—	—	1	—	3	—	—	16
	Second ...	2	—	4	1	7	—	1	—	1	—	—	—	6	—	2	—	—	24
	Third ...	15	3	13	—	12	—	65	1	9	—	5	3	5	6	11	—	3	151
July...	First ...	1	—	—	—	5	—	1	—	—	—	—	—	—	—	2	—	—	9
	Second ...	2	—	—	2	10	—	1	—	7	—	—	—	6	—	7	—	—	35
	Third ...	19	3	—	—	29	1	73	—	2	2	2	5	28	22	22	—	—	208
August ...	First ...	—	—	—	2	3	—	1	—	—	—	—	1	—	—	1	—	1	9
	Second ...	—	—	—	—	12	—	7	—	4	—	—	—	4	—	1	—	—	28
	Third ...	4	1	—	—	89	—	75	—	3	—	3	4	7	5	24	—	—	215
September	First ...	—	—	—	—	4	—	—	—	—	—	—	—	2	1	10	—	—	17
	Second ...	—	2	—	2	17	—	3	1	3	—	—	1	4	—	4	—	3	40
	Third ...	—	1	2	—	78	1	78	—	19	2	—	1	14	6	33	—	4	239
October ...	First ...	—	1	—	—	3	—	1	—	—	—	—	—	—	—	2	—	—	7
	Second ...	—	—	—	—	7	—	1	—	1	—	—	—	1	1	3	—	—	14
	Third ...	1	—	—	—	49	—	63	—	12	—	1	3	12	6	30	—	—	177
November	First ...	—	—	—	—	2	—	—	—	1	—	—	1	1	1	1	—	—	7
	Second ...	—	—	—	—	2	—	—	—	4	—	—	1	4	—	9	—	—	20
	Third ...	1	—	1	—	18	—	38	—	12	1	—	1	6	8	13	—	—	99
December	First ...	—	—	—	—	2	—	—	—	2	—	—	—	—	—	1	—	—	5
	Second ...	—	—	—	—	1	—	4	—	3	—	—	1	2	—	2	—	—	13
	Third ...	—	3	2	—	6	—	47	—	12	—	3	13	11	4	23	—	1	125
TOTAL ...	First ...	4	5	9	3	36	1	3	—	7	—	—	2	6	3	29	—	1	109
	Second ...	13	11	54	8	67	3	18	2	47	—	1	6	43	3	39	—	4	319
	Third ...	86	59	88	2	402	105	658	3	107	6	34	53	136	71	282	1	12	2,105
TOTAL...		103	75	151	13	505	109	679	5	161	6	35	61	185	77	350	1	17	2,533

TABLE XXIV.—GOVERNMENT FEVER HOSPITAL, MONTHLY MORTALITY INCIDENCE IN 1926.

MONTH.	Small-pox.	Measles.	Scarlet Fever.	Typhoid Fever.	Typhus Fever.	Cerebro-spinal Fever	Diphtheria.	Erysipelas.	Whooping Cough.	Tetanus.	Other Diseases.	Pneumonia.	TOTAL.
January	2	—	—	2	—	—	8	—	—	—	1	1	14
February	1	1	—	3	12	1	2	—	—	—	2	3	25
March	—	1	1	4	4	—	1	—	—	—	1	2	14
April	2	2	—	6	3	2	—	1	—	—	9	—	25
May	5	10	—	10	3	—	1	—	—	2	3	—	34
June	1	3	—	7	—	1	1	—	—	1	3	1	18
July	2	1	—	8	1	—	1	1	—	1	3	1	19
August	1	—	—	19	—	—	5	—	—	—	2	—	27
September	—	—	—	9	—	1	3	—	—	—	1	1	15
October	—	—	1	5	—	—	2	—	—	2	1	2	13
November	—	—	—	4	—	—	5	—	1	—	—	—	10
December	—	—	—	2	—	—	2	1	—	1	1	—	7
TOTAL	14	18	2	79	23	5	31	3	1	7	27	11	221

TABLE XXV.—MONTHLY CONVICT ADMISSIONS AND CONVICT DISEASES IN 1926.

MONTH.	Typhus Fever.	Typhoid Fever.	Diphtheria.	Influenza.	Enteritis.	Other Diseases.	TOTAL.
January... ..	1	5	—	4	—	2	12
February	72	5	—	1	—	1	79
March	5	3	1	3	—	—	12
April	—	1	—	3	1	—	5
May	—	2	—	2	—	—	4
June	—	1	—	3	—	—	4
July	—	1	—	4	—	2	7
August	—	4	—	1	—	—	5
September	—	2	—	3	—	1	6
October	—	—	—	1	—	—	1
November	—	—	1	1	—	1	3
December	—	—	—	1	—	1	2
TOTAL... ..	78	24	2	27	1	8	140

TABLE XXVI.—MONTHLY CONVICT MORTALITY AND CAUSES OF DEATH IN 1926.

MONTH.	DISEASES.		
	Typhus.	Typhoid.	TOTAL.
January	—	1	1
February	13	1	14
March... ..	1	1	2
April	—	—	—
May	—	—	—
June	—	—	—
July	—	—	—
August	—	1	1
September	—	—	—
October	—	—	—
November	—	—	—
December	—	—	—
TOTAL	14	4	18

PASSENGER AND PILGRIM CONTROL SERVICE.

(a) PASSENGER SERVICE.

The total number of passengers arriving in Cairo from infected countries during 1926 was 15,652 as compared with 17,471 in 1925 and 15,504 in 1924.

Of this total 10,633 or 67·9 per cent travelled *via* Alexandria, 3,503 or 22·0 per cent *via* Port Saïd and 1,517 or 9·7 per cent *via* Suez.

Of these 15,652 passengers, 15,382 that is 98·3 per cent were observed during the regulation period whilst 270 or 1·7 per cent could not be traced. *See* Tables XXVII and XXVIII.

Besides the above total there were 8,767 passengers who arrived in Cairo by way of Qantara.

Out of this total 8,609 or 98·1 per cent were observed.

(b) PILGRIM SERVICE.

The total number of passports issued by the Governorate during 1926 was 996.

Out of this number 944 returned and were put under observation for the usual period whilst 22 did not leave Cairo, 8 died during the pilgrimage, 21 did not return and one could not be traced.

There were also 221 Government Employees, of these 220 were observed on their return and one died in the Hedjaz. *See* Table XXIX.

TABLE XXVII.—NEW ARRIVALS FROM FOREIGN COUNTRIES UNDER MEDICAL OBSERVATION IN 1926.

MONTH.	VIA ALEXANDRIA.				VIA PORT-SAID.				VIA PORT-SUEZ.				TOTAL OF ARRIVALS.			
	Total.	Found.	Not Found.	Percentage Found.	Total.	Found.	Not Found.	Percentage Found.	Total.	Found.	Not Found.	Percentage Found.	Total.	Found.	Not Found.	Percentage Found.
January	498	496	2	99·6	277	268	9	96·7	102	97	5	95·1	877	861	16	98·2
February...	977	974	3	99·7	433	410	23	94·7	108	103	5	95·4	1,518	1,487	31	97·5
March	2,323	2,318	5	99·8	411	387	24	94·2	388	383	5	98·7	3,122	3,088	34	98·9
April	803	794	9	98·9	357	338	19	94·7	60	60	—	100	1,220	1,192	28	97·7
May	280	278	2	99·3	193	179	14	92·7	104	92	12	88·5	577	549	28	95·1
June...	196	189	7	96·4	180	167	13	92·8	88	86	2	97·7	463	434	29	93·7
July...	510	335	5	98·5	170	156	14	91·8	87	78	9	89·6	597	569	28	95·3
August	1,220	1,218	2	99·8	249	247	2	99·2	311	309	2	99·4	1,780	1,774	6	99·7
September	1,372	1,367	5	99·6	425	411	14	96·7	77	77	—	100	1,874	1,855	19	99
October	1,539	1,527	12	99·2	312	298	14	95·5	101	98	3	97	1,952	1,923	29	98·5
November	613	602	11	98·2	259	259	—	100	58	57	1	98·3	930	918	12	98·7
December	472	464	8	98·3	237	236	1	99·6	33	32	1	97	742	732	10	98·7
TOTAL	10,633	10,562	71	99·3	3,503	3,356	147	95·8	1,517	1,472	45	97	15,652	15,382	270	98·3

TABLE XXVIII.—RECORD OF PASSENGERS COMING TO CAIRO *via* QANTARA IN 1926.

DISTRICT.	Number recorded on lists from Qantara to Qizms.				No. coming up for observation whose names were shown on lists sent elsewhere.	No. notified by Mudiriya Health Offices for observation.			No. of Contraventions drawn up.	Number of cases of infectious diseases discovered.
	Observed in Qizms.	Observed elsewhere.	Untraced.	TOTAL.		Observed.	Untraced.	TOTAL.		
Inspectorate	536	—	12	548	—	—	—	—	—	—
‘Abbásiya	306	—	2	308	2	—	—	—	—	—
Ezbekiya... ..	2,399	100	43	2,542	—	44	—	44	1	—
Shubra	570	7	6	583	9	—	—	—	—	—
Búlâq I	129	5	2	136	15	—	—	—	—	—
Búlâq II	104	—	1	105	—	—	—	—	—	—
Zeitûn	495	18	3	516	2	3	—	3	—	—
Old Cairo	32	23	—	55	—	2	—	2	—	—
Mûski	832	7	25	864	1	7	—	7	—	—
Helwan	86	—	—	86	—	—	—	—	—	—
Saiyeda Zeinab	162	13	—	175	6	—	—	—	—	—
‘Abdîn	1,769	7	43	1,819	44	6	2	8	—	—
Gamáliya... ..	631	20	18	669	10	—	—	—	—	—
Bâb el Sha‘ríya	121	1	2	124	4	—	—	—	—	—
Khalífa	43	3	—	46	6	3	—	3	—	—
Darb el Ahmar	186	4	1	191	—	—	—	—	—	—
TOTAL	8,401	208	158	8,767	99	65	2	67	1	—

TABLE XXIX.—YEARLY RECORD OF PILGRIMS IN 1926.

District.	Pilgrims with passports issued by the Govt. as recorded in the District Registers	Government employees accompanying pilgrims as recorded in the District Registers.	Pilgrims and Government Employees who returned and were observed the usual period in Cairo.		Pilgrims and Employees who obtained passports or permission but who did not leave Cairo.		Pilgrims returning from earlier pilgrimages than the last.		Pilgrims and Government employees coming from outside but observed in Cairo.		Remarks.
			Pilgrims.	Employees.	Pilgrims.	Employees.	Pilgrims.	Employees.	Pilgrims.	Employees.	
‘Abbâsiya	47	25	38	25	—	—	—	—	—	—	1 pilgrim died in the Hedjaz.
‘Abdîn	67	34	56	33	1	—	—	—	25	—	9 pilgrims did not return.
Ezbekiya	18	2	12	2	2	—	—	—	54	—	2 " " " left for commercial business.
Bâb el Shariya... ..	44	13	44	12	1	—	—	—	10	4	6 " " " left for commercial business.
Bûlâq I	61	8	55	8	—	—	—	—	125	—	{ 1 pilgrim could not be traced and 1 " " did not return.
Bûlâq II	56	2	54	1	1	—	—	—	30	—	1 pilgrim died.
Darb el Ahmar	112	31	100	31	—	—	—	—	102	—	{ 1 pilgrim died and 9 did not return.
Ġamâliya	190	—	179	—	5	—	—	—	302	—	{ 3 pilgrims died and 1 employee died.
Helwan	16	4	16	4	—	—	—	—	1	—	1 pilgrim died.
Khalîfa	97	18	86	18	—	—	—	—	10	—	{ 1 pilgrim died and 9 did not return.
Saiyeda Zeinab... ..	130	60	118	54	5	—	—	—	84	—	{ 3 pilgrims died and 1 employee died.
Mûski... ..	19	1	19	1	—	—	—	—	9	—	1 pilgrim died.
Old Cairo	51	2	50	2	—	—	—	—	—	—	1 pilgrim died.
Shubra	61	14	58	13	1	—	—	—	—	—	1 " " "
Zeitûn	27	7	23	5	2	—	—	—	—	—	8 pilgrims died in the Hedjaz. 21 did not return. 1 could not be traced. 1 employee died.
TOTALS... ..	996	221	908	209	36	11	22	9	752	4	

SANITARY CONTROL OF PUBLIC WOMEN.

(a) NATIVE EXAMINATION ROOMS.

The total number of native prostitutes registered during 1926 was 920 as compared with 1,019 in 1925 and 1,306 in 1924.

There were 208 new names during the year and 175 names were struck off leaving 745 women on the register at the end of the year.

The total number of examinations carried out during the present year was 25,502 making an average of 27·7 examinations per woman as compared with 23·1 in 1925 and 19·8 in 1924. See Table XXX.

BÂB ESH SHARÎYA AND EZBEKÎYA.

The number of women registered from these districts was 839 as against 878 in 1925.

There were 159 names removed from the registers during the year leaving 650 names at the end of the year.

The number of examinations held was 23,748 making an average of 28·3 examinations per woman as against 23·2 in 1925.

SAIYEDA ZEINAB.

The total number of women on the registers was 81 whilst the number of examinations carried out was 1,754 which gives an average of 21·6 examinations per woman as against 22·4 in 1925.

DISEASES.

The total number of venereal diseases diagnosed during the year was 1,597 which represents a percentage of 6·2 examinations exposing diseased conditions.

The actual number of women found diseased and sent to hospital was 597 or 64·9 of the registered women.

Syphilis.

The total number of cases of syphilis discovered was 103 as compared with 33 in 1925 and 51 in 1924.

Out of this total 13 were primary, 75 secondary and 15 tertiary. This shows a large increase on the previous two years.

Gonorrhœa.

The total number of cases of gonorrhœa diagnosed was 1,410 of which 260 were acute and 1,150 chronic.

This disease also shows a large increase particularly marked as regards acute cases as compared with the previous 6 years.

Chancroids.

There were 85 cases of Chancroids during the year. Table XXXI.

Wassermann.

The total number of specimens of blood sent to the Government Laboratories to be examined during 1926 was 80. Out of this total 40 were returned as positive, that is 50 per cent.

UNREGISTERED WOMEN.

The total number of unregistered women examined at the request of the Police was 1,152 as compared with 884 in 1925 and 735 in 1924.

Out of this total 262 were found suffering from gonorrhœa, 49 from syphilis (11 primary, 37 secondary and 1 tertiary) and 46 from chancroids.

Of the cases of gonorrhœa 78 were acute and 184 chronic.

TABLE XXX.—RESULTS OF EXAMINATIONS OF REGISTERED NATIVE WOMEN.

DISTRICT.	1925								1926							
	Number of Women on Registers.	Number of Women struck off during the Year.	Number of Women remaining on Registers at end of the Year.	Number of Examinations held.	Average Number of Examinations per Woman.	Number of Women found diseased sent to Hospital.	Number of Cases of Disease discovered.	Per cent. Percentage of Examinations exposing Diseased Conditions.	Number of Women on Registers.	Number of Women struck off during the Year.	Number of Women remaining on Registers at end of the Year.	Number of Examinations held.	Average Number of Examinations per Woman.	Number of Women found diseased sent to Hospital.	Number of Cases of Disease discovered.	Per cent. Percentage of Examinations exposing Diseased Conditions.
Bāb el Sha'riya and Ezbekiya	878	252	626	20,356	23·2	—	1,433	7·0	839	159	680	23,748	28·3	532	1,414	5·9
‘Abbāsiya	65	27	38	1,456	22·4	—	96	6·6	—	—	—	—	—	—	—	—
Saiyeda Zeinab	76	22	54	1,703	22·4	—	135	7·9	81	16	65	1,754	21·6	65	183	10·4
TOTALS	1,019	301	718	23,515	23·1	607	1,664	7·1	920	175	745	25,502	27·7	597	1,597	6·2

TABLE XXXI.—VENEREAL DISEASES DISCOVERED AMONG NATIVE REGISTERED WOMEN.

DISEASE.	1925				1926				
	Bâb el Sha'riya and Ezbekiya.	ʿAbbâsiya.	Saiyeda Zeinab.	TOTAL.	Bâb el Sha'riya.	Ezbekiya.	ʿAbbâsiya.	Saiyeda Zeinab.	TOTAL.
Syphilis :—									
Primary	2	—	—	2	7	2	—	4	13
Secondary	26	2	3	31	40	32	—	3	75
Tertiary	—	—	—	—	5	2	—	8	15
Total Syphilis ...	28	2	3	33	52	36	—	15	103
Gonorrhœa : —									
Acute	2	—	—	2	156	102	—	2	260
Chronic... ..	1,351	91	125	1,567	584	420	—	146	1,150
Total Gonorrhœa	1,353	91	125	1,569	740	522	—	148	1,410
Chancroid	52	3	7	62	50	14	—	20	84
TOTAL ...	1,433	96	135	1,664	1,414	—	—	183	1,597

(b) EUROPEAN EXAMINATION ROOMS.

The total number of European Prostitutes on the registers during 1926 was 392 as compared with 475 in 1925 and 434 in 1924.

During the year 56 names were struck off leaving 266 at the end of the year.

The total number of examinations made was 11,479 which gives an average of 29·2 examinations per woman. Table XXXII.

The total number of diseases diagnosed was 249 giving a percentage of 2·2 examinations revealing disease.

Syphilis.

32 cases of syphilis, or 12·8 per cent of the total diseases, were diagnosed of which 1 was primary and 31 secondary.

Gonorrhœa.

The total number of cases of gonorrhœa was 212 of which only 2 were acute.

Chancroids.

There were 5 cases of chancroids.

The actual number of women found diseased was 161 or 41·1 per cent of the total number of registered women. Table XXXIII.

UNREGISTERED WOMEN.

Only 2 unregistered women were examined and both were found suffering from gonorrhœa.

TABLE XXXII.—RESULTS OF EXAMINATIONS OF REGISTERED EUROPEAN WOMEN.

YEAR.	Total Number of women registered during the year.	Number of women struck off during the year.	Number of women remaining at the end of the year.	Total Number of Examinations held during the year.	Average Number of Examinations per woman.	Number of diseases found	Percentage of examinations exposing diseased conditions.
							Per cent
1924	434	147	287	12,575	29·0	431	3·4
1925	475	139	336	11,001	23·2	342	3·1
1926	392	126	266	11,479	27·2	249	2·2

TABLE XXXIII.—VENEREAL DISEASES AMONG EUROPEAN REGISTERED WOMEN.

DISEASE.							1922	1923	1924	1925	1926
Syphilis	{	Primary					1	4	5	4	1
		Secondary					11	16	16	25	31
		Tertiary					—	—	—	—	—
TOTAL SYPHILIS							12	20	21	29	32
Gonorrhœa	{	Acute					4	15	28	4	2
		Chronic					176	250	358	292	210
TOTAL GONORRHŒA							180	265	386	296	212
Chancroid							6	5	24	17	5
TOTAL							198	290	431	342	249

REMARKS ON VENEREAL DISEASES AND THEIR TREATMENT AT THE EUROPEAN EXAMINATION ROOMS.

According to the statistics of 1926 and the preceding years, it would appear that, in general, venereal disease among prostitutes is diminishing.

During the present year there were 32 cases of syphilis of which 1 was primary and 31 secondary.

As regards gonorrhœa there were 2 acute cases as compared with 210 chronic.

I will now attempt to throw some light on the reasons for this small proportion of primary syphilis and acute gonorrhœa.

Possibly also one may be able to obtain deductions, both therapeutical and preventative, which might result in reducing these diseases and thus safeguard the public on one hand and the prostitutes on the other.

Syphilis.

Why are there so few cases of primary syphilis among these women ? The reason is that the majority are old syphilitics and accordingly immunised.

I have found during my investigation that 88 per cent of these women have confessed that they have had syphilis and have undergone treatment at different times more or less seriously. The remaining 12 per cent denied that they have suffered from the disease but are nevertheless, in my opinion, suspicious cases.

Gonorrhœa.

Two acute to 210 chronic.

I consider as acute those cases of vulvo vaginitis together with cervicitis and urethritis.

All the cases of gonorrhœa have been confirmed by examining microscopically the secretions of the cervix and Bartholin's glands. In every case, moreover, the gonococcus has been found in the urethral canal and this can easily be explained.

In order to safeguard themselves these women employ all sorts of means such as anti-septic douches, ovules, etc., but as these medicines are unable to reach the interstices of the urethral canal or the ducts of the glands of Bartholin, these statistics become a nidus for gonococcus.

The disease becomes chronic and the woman suffers no pain or inconvenience and consequently thinks she is healthy.

Besides these women are not constantly contagious and it is only when the disease is lighted up by irritation that she becomes so.

PRACTICAL DEDUCTIONS.

Syphilis.

The prostitutes, being thus considered to be syphilitics, can be safeguarded almost entirely provided they undergo a routine treatment. It only requires a few injections of some arsenical preparation and of Bismuth to make the lesions sterile.

I am of opinion that both in the interest of the women and the public two annual complete cures should be insisted on.

(1) Neosalvarsan up to 6·50 grammes.

(2) 12 injections of a good preparation of Bismuth.

Naturally those who have only recently become diseased should undergo a more energetic treatment.

As regards the chronic syphilitics the treatment suggested would almost certainly safeguard them from accidental contagion.

Apart from this systematic treatment the women can be instructed in the use of Calomel ointments which are very efficacious.

Personally I have replaced the mercurial injections by those of Bismuth as the latter are considered universally to be far more active and rapid in their attack on the spirochaetes.

Gonorrhœa.

Prevention from the contagion of this disease is much more difficult.

However the women could be taught the preventative use of medicated ointments and bougies by introducing them in the Urethra.

Vaccines have proved to be very efficacious in conjunction with the usual treatment by douches, tampons, etc.

UNHEALTHY, INCONVENIENT AND DANGEROUS ESTABLISHMENTS.

Under the law of August 28, 1904, and the *Arrêté* of the Ministry of the Interior of August 29 of the same year, 2,527 “Saha” Establishments coming under the control of this Office, and 50 “Zabt” Establishments, total 2,307 were licensed during 1926, after compliance with the sanitary conditions laid down by this Inspectorate and verified by inspections.

In 1924 and 1925, the numbers were 2,256 Saha establishments and 556 Zabt establishments: total 2,812 and 1,998 Saha establishments and 258 Zabt establishments: total 2,256 respectively.

Of the 2,307 establishments dealt with, 132 Saha establishments and 17 Zabt establishments: total 149 were establishments coming under Class 1 of the schedule attached to the Law, as against 157 Saha establishments and 36 Zabt establishments: total 193 in 1925. 1,695 Saha establishments and 33 Zabt establishments: total 1,728 were establishments of Class 2, as against 1,486 Saha establishments and 222 Zabt establishments: total 1,708 in 1925 and 430 Saha establishments were establishments of Class 3 as against 408 in 1925.

Hereunder is a detailed list of the various establishments in each class licensed in 1926.

CLASS 1.—SAHA ESTABLISHMENTS.

Dairies (for the sale or handling of milk)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	23
Dairies and butter factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Ice-cream, dairies and butter factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Dairies and ice-cream factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Dairies and sweetmeat factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Sweetmeat factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	22
Sweetmeat and ice-cream factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Ice-cream factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
Ice-cream and syrup factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Cheese and butter factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Butter substitute factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Bakeries	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18
Ovens	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11

Carried Forward... 99

	<i>Brought forward...</i>	99
Tanneries		2
Aerated Water factories		3
Beer bottling establishments		1
Preserved meat factories		1
Distilleries		1
Tobacco and cigarette factories		1
Soap factories		2
Pastry and alimentary paste factories		18
Weaving establishments with mechanical power		2
Asphalt factories		2
	TOTAL	132

ZABT ESTABLISHMENTS.

Garages	4
Printing Presses	7
Cardboard box manufactories	1
Lead pipes factories	1
Foundries	1
Metal plating establishments	1
Forges employing mechanical power	2

CLASS II.—SAHA ESTABLISHMENTS.

Grocery shops	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	745
Grocery depots	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21
Establishments for the sale of vegetable oils	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Public kitchens	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	75
Establishments for frying <i>tamia</i> , fish, etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	137
Flour stores	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	110
Oil mills	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Sugar cane crushing establishments	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
<i>Fessikh</i> establishments	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Syrup stores	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	28
Public stables	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	38
Cattle sheds	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Flour mills	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Grinding coffee establishments	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10
<i>Turshi</i> factories and sale shops	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13
Lime kilns	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Brick dust (Homra) mills	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Butter and <i>masli</i> depots	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Butter sale shops	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Roasting meat establishments	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
<i>Bouza</i> factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Dye shops	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Syrup sale shops	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17
Sale of sweetmeat shops	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	151
Whole-sale vegetable establishments (khadra)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Cement <i>balat</i> factories	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13
Establishments for the manufacture of beverages other than aerated waters and alcoholic liquors	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Weaving establishments	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Pastry sale shops	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Establishments for the sale of bread	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	277
Public Laundries	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Edible seed crushing mills	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Hides and leather stores	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
TOTAL ... ..1,695																		

ZABT ESTABLISHMENTS.

Canvas stores	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14
Garages	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19
																			TOTAL ...	33
																			GRAND TOTAL ...	1,728

CLASS III.—SAHA ESTABLISHMENTS.

[illegible]

GRAND TOTAL.

Class	I, Saha Establishments	...	...	...	...	...	...	...	...	...	...	...	...	...	...	132
„	I, Zabt	„	...	...	...	...	...	...	...	...	...	...	...	...	...	17
„	II, Saha	„	...	...	...	...	...	...	...	...	...	...	...	...	...	1,695
„	II, Zabt	„	...	...	...	...	...	...	...	...	...	...	...	...	...	33
„	III, Saha	„	...	...	...	...	...	...	...	...	...	...	...	...	...	430
														TOTAL	...	2,307

The amount of work performed during the year in connection with establishments already licensed or to be licensed has been nearly doubled.

This is due in part to the fact that 14 Qisms of Cairo now possess Moaweneen and the increase of personnel has resulted in an increase in the number of inspections and a closer control of the work. Establishments that have hitherto escaped without licenses are discovered, defective conditions in licensed establishments are observed in greater number with the result that additional ministerial *arrêtés* are being promulgated.

A certain number of establishments have also been added to the Schedule, viz:—

Nature of Establishment.	Date of Arrêté.
Establishment for the sale of syrups	March 14, 1926.
Establishment for the sale of sweetmeats	March 14, 1926.
Pastry and bread	March 17, 1926.
Establishment for the fumigation of nuts	September 21, 1926.
Edible seeds and barks crushing establishment	September 21, 1926.
<i>Amber</i> factories with mechanical power (Class 1)	October 18, 1926.
<i>Amber</i> factories without mechanical power (Class 2)	October 18, 1926.
Schools and <i>Kuttab</i> s not subject to the medical inspection of the Ministry of Education	December 8, 1926.

As some of these such as syrup shops are very numerous in Cairo, a great increase in the work has resulted from these additions.

As a consequence of closer control, the installation of a water supply from the Water Company by taps inside the premises of those establishments where food-stuffs are dealt with has been more frequently insisted upon, necessitating thereby the connection of the drainage of such establishments with the main drains. Special attention has also been given by the Inspectorate to the *Arrêtés* promulgated for licensed establishments in Class 1. These establishments are being inspected by the Medical Officers at the Inspectorate before the *Arrêtés* are sent for promulgation. All this entails the performance of a great deal of extra work not only technical but also clerical.

Under the terms of the Law of August 28, 1904, and the *Arrêté* of the Ministry of the Interior of August 29, of the same year 1,785 procès-verbeaux of contravention were drawn up, details as follows :—

TABLE XXXIV.

Qism.	Number of procès- verbeaux drawn up.	Number of sentences of closure effected.
Bâb el Sha'riya	128	25
Shûbra	126	25
Bûlaq I	175	5
Mûski	111	2
Gamâliya	214	51
'Abbasiya	50	6
Ezbekiya	210	2
Helwan	13	9
Zeitûn	29	9
Sayeda Zeinab	107	5
Bûlaq II	162	5
'Abdîn	180	8
Dârb el Ahmar	140	17
Khalîfa	60	14
Old Cairo	80	7
TOTAL CAIRO CITY	1,785	190

Under Article 6 of Law No. 13 of August 28, 1904: 122 Ministerial *Arrêtés* were issued during 1926 for establishments the owners of which did not carry out the sanitary measures laid down, details are as follows :—

TABLE XXXV.

Kind of Establishment.	No. of establishments the owners of which did comply with the conditions notified to them.	No. of establishments the owners of which did not comply with the conditions and have been prosecuted.	No. of Arrêtés under execution.	TOTAL.
Public baths	1	* 2	—	3
Public bakeries and ovens	4	16	18	38
Pastry and alimentary paste factories...	—	2	1	3
Distilleries	—	—	1	1
Ice-cream factories	1	—	—	1
Dairies and milk sale shops	—	3	1	4
Weaving establishments	—	—	1	1
Cement factories	—	—	1	1
Boza factories	—	—	1	1
Turchi factories and sale shops	—	6	1	7
Cattle sheds	—	8	12	20
Public stables	2	4	† 2	8
Cement balat factories	—	1	—	1
Flour mills	—	1	1	2
Public kitchens	1	3	3	7
Roasting and frying meat, fish, etc. ...	—	10	‡ 6	16
Grocery shops	—	3	—	3
Poultry shops	—	3	2	5
TOTAL	9	62	51	122

* One left.

† One died after notification. His successor obtained a new licence. The other left the establishment after notification.

‡ One left his establishment after notification and one establishment has been demolished.

TABLE XXXVI.—SHOWING ALL ZERIBAS (CATTLE SHEDS) IN CAIRO
AND THE NUMBER OF INSPECTIONS OF THESE ESTABLISHMENTS THAT TOOK PLACE.

Number of licensed zeribas as per registers.	Number of licensed zeribas inspected.	Number of licensed zeribas found faulty.	Number of licensed zeribas put into proper condition.	Number of working zeribas found unlicensed.	Total Number of inspections.
122	102	96	6	14	198

Steps are being taken to compel all the faulty zeribas to comply with our requirements.

TABLE XXXVII.—RESULT OF INSPECTIONS DURING 1926.

District.	Total Number of inspections.	Number showing satisfactory visits	Percentage of satisfactory visits.	Number showing unsatisfactory visits.	Percentage of unsatisfactory visits.
Ezbekiyya	2,533	1,165	45·9	1,368	54·1
‘Abbasiyya	1,817	535	29·4	1,282	70·6
Zeitûn	1,182	794	67·1	388	32·9
Shûbra	2,334	1,041	44·6	1,293	55·4
Bûlaq I	1,108	850	76·7	258	23·3
Bûlaq II	1,456	381	26·1	1,075	73·9
Bâb el Sha‘riyya	1,926	1,388	72·1	538	27·9
Mûski	1,263	619	49·4	644	50·6
Abdîn	2,352	1,690	72·7	662	27·3
Gamâlîyya	2,519	1,073	42·6	1,446	57·4
Darb el Ahmar	1,226	702	57·2	524	42·8
Khalîfa	1,675	980	58·5	695	41·5
Sayeda Zeinab	2,359	1,254	53·1	1,105	46·9
Old Cairo	952	365	38·3	587	61·7
Helwan	490	326	66·5	164	33·5
Total	25,192	13,163	52·27	12,029	47·73

In addition to the inspections made by the Qism *Mâmoors* and Medical Officers shown in the Table of inspections 3,740 visits have been paid by the food and nuisance inspectors of the Inspectorate.

Under Law No. 1 of January 9, 1904, three new theatres, 1 cinema and 3 establishments of other kinds were inspected during 1926 for licences to be granted to their owners.

44 establishments already licensed were inspected by a delegate of Cairo City Inspectorate. Of these 6 were theatres, 25 cinemas and 13 establishments of other kinds.

The sanitary measures were found satisfactory in 5 theatres, 17 cinemas and 9 other establishments (total 31) and not satisfactory in the remaining 13. Steps were taken to get the defects corrected.

General Notes.

On the whole, the results achieved have been fairly satisfactory, and owing to the increase in the number of Moaweneen, by which practically every Qism has now a Moawen allotted to it, the improvements made have been very considerable.

A large number of remedial measures have been carried out by moral suasion, but in cases where it is necessary to take legal action, a great deal more could be effected if the procedure could be speeded up as it is often a matter of months between the time a person is put into contravention, and his having to appear before the court, and in the case of an appeal being made, it may be as much as a year or more before the case is heard.

Special attention has been directed to the covering or enclosing of foodstuffs, such as butter, cheese, cooked meats, confectionery, etc., so as to prevent, as far as possible, the access of flies and dust, and a great improvement has been effected in this respect, although still leaving very much to be desired. It will be readily understood, however, that it is a difficult matter to enforce or persuade owners of food establishments (especially those on a small scale) to alter the habits of years, and to carry out measures which they more or less regard as innovations. Again, it is only natural that purveyors should wish to expose as clearly as possible the articles they have for sale.

Cowsheds.

Special attention has been and is being given to cowsheds on account of their being the source of the public milk supply. As stated in our report for 1925 a great deal remained to be done to put them into satisfactory condition.

A special man was delegated to do nothing else but cattle sheds working under the direct supervision of the Inspectorate.

A number of the worst have been closed until they can be put into sanitary condition. General ignorance of the licensees and often also their want of money constitute serious obstacles to the work.

Bakeries.

More attention has also been paid to bakeries and considerable improvements have been effected. The greatest difficulties are experienced with those that are very small.

Mineral Water Factories.

A great deal of time and attention has been given to mineral water factories, the importance of which will be understood, when it is known that from enquiries made, no less than approximately 8,000,000 (eight millions) bottles were disposed of to the public by Cairo Factories alone during the previous year.

The number of samples taken for analysis amounted to 786 ; an increase of 69 over the previous year.

Out of this number 40 were shown by analysis to contain lactose fermenters, giving a proportion of 5.08 as against 6.4 in 1925, but it must not be overlooked that 18 out of the 40 were contaminated to a very small extent, containing only 1 lactose fermenter in 10 c.c.

The proportion of those samples containing lactose fermenters exceeding 10 in 10 c.c. amounted to only 14, equalling 1.78 per cent.

Generally speaking, it may be considered that in those cases where unsatisfactory results were given, the contamination was more or less accidental and was usually due to a dirty bottle. Other samples taken on the same day from the same establishment are in such cases generally found to be uncontaminated.

Another sample taken on the next visit, before any additional precautions or measures were effected, is found to be free from contamination where the cause has been a dirty bottle.

At the same time, considerable watchfulness has to be exercised to see that the working conditions are maintained at a proper standard to ensure purity. In those exceptional cases, where two consecutive samples were found to be bad, some faulty condition or process has generally been discovered to account for this.

When it is realised that the bottles that are used are often those collected by various *zabbaleen* and that many of these have been used as receptacles for all kinds of deleterious substances, it is not to be wondered at, even with the best equipped factories, the usual methods taken for the cleansing of the bottles are occasionally ineffectual.

In addition to the taking of the samples, and inspections made at the same time, special visits to the number of 265 have been made by Inspectors and Moaweneen.

Unsound Food.

Complete lists of unsound foodstuffs destroyed will be found in the report on this section. Most of the quantities destroyed with the consent of their owners were small except in one case where the number of tins reached 662.

A large quantity of sardines, amounting to about 10,000 tins, which had been condemned as being unfit for human consumption some considerable time previously, and waiting the order of the Court, were removed from the Gamâliya District to the Destructor in April 1925.

Ice Factories.

205 samples of ice were taken during the year, this being an increase of 27 over the number taken in 1925.

Of these 35 were found to be contaminated, but, as was the case in connection with the results of analysis of the mineral waters, a large proportion of these contained lactose fermenters to the extent of 1 only in 10 c.c.

The total of those containing lactose fermenters to the number of over 10 in 10 c.c. was 10 out of 205 taken, showing a percentage of 4.9 as compared with 4.9 in the previous year.

The same remarks apply to these factories, as to those of mineral waters, as regards bad results being more or less, what may be termed of a casual or accidental nature, for it was very rarely the case, that after a bad result, the following sample turned out to be contaminated.

I have also made enquiries as to the number of blocks of ice distributed in a year. The approximate number is said to be about 2,000,000 (two millions).

At the latter part of the year, during the course of his inspections, we discovered that ice coming from a provincial town was being delivered in Cairo. On samples being taken and submitted for analysis, the results proved the ice to be very badly contaminated. As the result of action taken, the sending of ice from the Factory in question to Cairo has been discontinued, at least for the time being.

Markets.

A large number of visits have been paid to these establishments, but considerable difficulty is experienced in regulating and controlling them. More especially is this the case with one market. Representations as to the necessity for complying with our requirements in this market are ignored and no means have yet been discovered of enforcing them.

In all the markets the continual presence of itinerant vendors, although specifically prohibited by Arrêté of March 27, 1911, constitutes an endless nuisance and is contrary to the maintenance of good order.

Appointment of Moaweneen.

Four new Moaweneen who had completed a course of training, were transferred to the provinces for duty during the year, and several transfers were made to fill vacancies existing in various Qisms in Cairo.

One Moawen from Cairo proceeded to England for the purpose of studying for the Diploma of the British Royal Institute of Sanitary Inspectors, and two candidates were appointed during the year to undergo the usual course of training.

Table XXXVIII.

**Number of Inspections of Objectionable,
Unhealthy and Dangerous Establishments
previously existing, paid in 1926.**

TABLE XXXVIII.—NUMBER OF INSPECTIONS OF OBJECTIONABLE, UNHEALTHY AND DANGEROUS ESTABLISHMENTS PREVIOUSLY EXISTING, PAID IN 1926.

NATURE OF ESTABLISHMENTS.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.		PER CENT.		
	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	
CLASS I.	Aerated water factories	3	3	6	1	4	4	3	6	5	2	—	2	—	8	5	9	2	9	3	4	4	—	1	59	31	65.5	34.5	
	Preserved meat factories	—	1	—	1	2	—	1	1	—	1	—	2	—	2	—	2	—	1	3	1	—	—	13	5	72.3	27.7		
	Natural butter factories	—	4	—	2	—	3	1	4	1	—	3	—	—	—	4	—	5	3	3	—	4	3	8	30	21	79		
	Butter substitute factories	—	—	2	1	1	3	1	—	—	1	—	—	—	—	—	2	1	1	1	2	—	1	13	8	62	38		
	Cheese factories	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	100		
	Food markets	5	1	—	1	7	1	1	4	1	1	1	—	—	7	—	1	—	1	—	1	10	1	28	16	63.7	36.3		
	Ovens and bakeries for trade purposes or for the use of the public	44	35	34	88	41	97	69	73	115	38	66	8	25	47	53	39	62	29	63	22	146	126	318	560	1,141	2.9	67.1	
	Sweetmeat factories	10	15	14	21	5	20	12	22	14	24	9	10	—	5	9	23	21	18	15	21	10	10	10	145	188	3.5	56.5	
	Dairies (for the sale or handling of milk)	16	19	17	27	32	27	25	27	21	48	13	31	8	7	13	24	18	34	26	20	15	20	24	22	228	306	42.6	57.4
	Ice cream factories and depots	3	—	2	2	1	3	5	5	7	17	4	25	2	1	7	1	8	1	—	—	3	—	—	—	42	55	43.2	56.8
Pastry and alimentary paste factories	12	14	15	22	3	31	16	18	9	19	3	16	4	6	13	28	12	21	21	24	27	25	13	24	148	248	37.3	62.7	
Beer bottling establishments	1	—	2	—	—	1	—	1	—	1	1	—	—	—	1	—	1	1	1	4	2	3	1	1	10	12	45.4	54.6	
Alcohol factories	—	4	—	4	2	4	7	—	—	—	—	—	—	—	13	—	4	—	—	—	—	—	—	—	1	—	100	—	
Distilleries	4	4	3	4	2	1	4	2	4	5	4	2	—	2	—	—	2	—	4	—	1	—	—	—	46	19	70.8	29.2	
Ice factories	2	—	2	—	2	1	4	—	2	2	—	—	—	—	4	—	2	—	1	—	—	—	—	—	21	5	80.8	19.2	
Cold storage establishments	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	100	—	
Asphalt and bitumen factories	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	100	—	
Public baths (including swimming baths)	1	3	5	3	4	7	6	4	4	10	6	5	1	13	3	4	5	4	2	2	3	1	3	3	43	59	42	58	
Hospitals	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	100	—	

TABLE XXXVIII.—NUMBER OF INSPECTIONS OF OBJECTIONABLE, UNHEALTHY, AND DANGEROUS ESTABLISHMENTS PREVIOUSLY EXISTING, PAID IN 1926 (continued).

NATURE OF ESTABLISHMENTS.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.		PER CENT.		
	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	Satisfactory Conditions.	Faulty Conditions.	
CLASS II (<i>contd.</i>).																													
Pickle (turshy) factories	3	8	4	16	12	16	9	10	8	13	8	14	2	3	11	12	12	19	7	6	3	13	7	7	86	137	38.6	61.4	
Oil mills...	2	3	2	6	5	5	6	4	8	6	5	4	1	1	3	3	2	1	2	4	3	2	—	1	39	40	49.4	50.6	
Corn mills for trade purposes or for the use of the public.	2	3	1	6	2	4	—	6	3	2	2	2	1	—	1	3	2	1	5	5	6	2	1	—	22	38	36.7	63.3	
Manufactories of <i>béza</i> and all other fermented drinks	7	5	9	5	4	4	8	4	4	5	9	4	1	1	6	5	3	3	8	5	5	8	3	1	2	68	46	59.6	40.4
Pigsties	2	4	—	2	—	3	—	6	1	5	—	3	—	—	—	2	9	2	—	—	2	—	—	1	—	13	29	31	69
Tripe factories	3	4	5	8	5	5	1	9	3	5	2	5	2	4	2	3	2	4	5	5	9	7	6	7	46	65	41.4	58.6	
Dye works	8	7	11	20	11	7	8	8	12	20	12	18	2	5	6	6	11	10	7	6	4	8	5	1	97	116	45.5	54.5	
Brickfields, tile works and potteries, lime and gypsum kilns (permanent)	3	—	1	1	11	—	3	—	1	1	1	5	—	—	3	—	2	—	2	2	—	—	—	—	27	10	73	27	
Gypsum mills	2	6	—	1	1	1	5	2	—	—	—	1	—	—	1	—	2	—	2	2	2	—	—	1	15	12	55.6	44.4	
Glue factories from animal matter ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	50	50	
Catgut works	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1	50	50	
Depots of hides and skins	—	—	—	—	—	—	—	—	2	1	7	9	—	—	—	—	—	—	—	—	—	—	—	—	9	10	47.3	52.7	
Calcination of bone factories	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	100	—	
Public laundries	3	1	3	1	2	3	2	2	—	3	4	—	—	—	4	—	4	2	—	4	3	1	1	2	32	19	62.8	37.2	
Mills for beating, carding, pressing or otherwise preparing wool, hair, and jute for trade purposes.	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	100	
Rope and twine factories	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	4	20	80	
Industrial ests. employing animals as motor force in closed spaces ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	4	33.3	66.7	

TABLE XXXIX.—RESULT OF THE BACTERIOLOGICAL EXAMINATION
OF SAMPLES OF AERATED WATERS DURING 1926.

MONTH.	Total Number of Samples taken.	Details of samples, showing the Number of Lactose Fermenters found in 10 c.c.					Total Number containing Lactose.
		None.	One only.	2 to 4	5 to 10	Exceeding 10.	
January	19	11	1	2	0	5	8
February	29	21	5	1	1	1	8
March	56	54	1	0	0	1	2
April	74	74	0	0	0	0	0
May... ..	83	79	2	1	1	2	4
June	76	75	0	0	0	1	1
July... ..	99	93	3	0	0	3	6
August	115	107	6	2	0	0	8
September	59	57	0	0	0	2	2
October	58	58	0	0	0	0	0
November	69	69	0	0	0	0	0
December	49	48	0	0	0	1	1
TOTAL	786	746	18	6	2	14	40

Number taken in 1925=717 contained lactose fermenters=6· 4 per cent.
" " 1926=786 " " " =5·08 " "
16 containing " " 5 and over=2·03 per cent.

TABLE XL.—RESULTS OF THE BACTERIOLOGICAL EXAMINATION OF SAMPLES
OF ICE TAKEN DURING 1926.

MONTH.	Total Number of Samples taken.	Details of Samples, showing the Number of Lactose Fermenters found in 10 c.c.					Total Number containing Lactose Fermenters.
		None.	One Only.	2 to 4	5 to 10	Exceeding 10	
January	13	11	1	0	0	1	2
February	12	11	0	0	0	1	1
March	14	12	0	0	0	2	2
April	15	13	2	0	0	0	2
May	32	26	3	2	1	0	6
June	21	17	2	0	1	1	4
July... ..	21	17	1	0	1	2	4
August	28	24	2	1	0	1	4
September	23	19	4	0	0	0	4
October	13	10	1	0	1	1	3
November	6	5	0	0	0	1	1
December	7	5	0	1	1	0	2
TOTAL	205	170	16	4	5	10	35

Number taken in 1925=178 : 35 contained lactose fermenters = 19·7 per cent.
" " " 1926=205 : 35 " " " = 17·07 per cent.
15 " " " 5 and over = 7·3 per cent.

N.B.—The above includes 2 samples taken from ice supplied by Shebîn el Kôm Factory.

TABLE XLI.—LIST OF FOODSTUFFS EXAMINED BY THE PUBLIC HEALTH CENTRAL LABORATORIES
AND QUANTITIES DESTROYED AS UNFIT FOR CONSUMPTION DURING THE YEAR 1926.

Nature of Foodstuff.	Quantity found fit for food.	Quantities deteriorated and destroyed.
Sardines	4 tins	9,184 tins
Salmon	0	68 „
Anchovies	0	368 „
Pine Apple	0	41 „
Jam	4 tins	75 „
Pork and Beans	0	3,207 „
Turnip	0	4,704 „
Peas	0	45 „
Spaghetti	0	7,344 „
Herrings	0	314 „ 2 barrels 2 boxes
Carrot	0	2,048 tins
Tomatoes	0	1,144 „
Condensed Milk	0	94 „
Tunny	0	50 „
Fruits	0	16 „
Foie gras	0	18 „
Macaroni	0	37 „
Vegetables (preserved) ...	0	13 „
Contents unknown	0	4,035 „
Fish roe	3 specimens	93 „ 3 large tins
Flour	1 specimen	0
Coffee adulterated	0	3 specimens
Butter	4 specimens	19 „ *
Oils (different kinds for food)	12 „	1 specimen adulterated
Biscuit	2 „	0

* The stocks of the adulterated butter, coffee and oil were not destroyed owing to the fact that the mixture of butter fat and coconut oil, the mixture of pure coffee and starchy substances and the kind of oil sold are not harmful to health. Procès-verbeaux of délit were drawn up against the vendors of these articles.

TABLE XLII.—LIST SHOWING UNSOUND FOODSTUFFS DESTROYED AT SIGHT WITH THE CONSENT OF THE OWNERS DURING THE YEAR 1926.

Nature of Foodstuff.	Quantities deteriorated and destroyed.	Nature of Foodstuff.	Quantities deteriorated and destroyed.
Herrings	1,233 tins	<i>Gawaja</i>	3 okes
	3 okes	Melon	1
Salmon	398 tins	Water Melons	24
Sardines	3,631 „	Lobster	10 okes
Anchovies	12 „	Crab	3 „
Tomatoes	655 rottles	Walnut	20 „
Condensed Milk	2,568 tins	Nuts	3 „
Jam (various kinds)	2,385 „	Sausage	127 tins
Sauce	2,069 „	Syrup	29 bottles
Honey	1 tin		47 okes
Fried Fish	2 rottles	Cheese	3 tins
Salted Fish (Bacala)	16 okes		1 cake
Peas	644 tins	Olives	13 okes
Pork and Beans	3,138 „	<i>Haluwa Tahinia</i>	4 „
Tunny	494 „	<i>Tahina</i>	$\frac{1}{2}$ oke
Macaroni	1,093 „	<i>Qamar ed Dine</i>	212 okes
Preserved Vegetables	588 „		4 tins
Sugar Powder	$\frac{1}{2}$ sack	Chocolate	360 pieces
	$\frac{1}{2}$ large tin		153 packets
Pickles	25 tins	Contents unknown	123 tins
	79 bottles	Ground Coffee	3 okes
Eggs	120	Cacao	11 tins
FRUITS :—		Butter	4 rottles
Oranges	120	Meat and liver in tins	146 tins
Apples	80 okes		51 „
Pears	2 „	Mustard	27 bottles
Bananas	7 „	Sweetmeat (Malban)	19 okes
Dates	25 „	Cooked vegetables	83 „
Figs	11 $\frac{1}{2}$ okes	Preserved meat (Basterma)	8 „

TABLE XLIII.—SHOWING MILK SAMPLES COLLECTED DURING 1926.

DISTRICT.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Bûlâq I ... { Genuine ...	1	5	1	4	4	2	1	5	2	2	3	3	32
Adulterated...	4	4	1	3	1	1	1	1	2	—	5	2	26
Bûlâq II ... { Genuine ...	9	—	7	4	—	4	11	6	7	6	10	8	72
Adulterated...	3	—	3	1	—	1	1	—	2	1	7	2	21
Gamâliya ... { Genuine ...	12	5	4	4	—	5	10	3	7	11	8	7	76
Adulterated...	3	1	1	—	—	—	—	—	—	2	2	1	10
‘Abbâsiya ... { Genuine ...	—	3	5	—	2	3	5	12	4	3	9	12	58
Adulterated...	—	2	—	—	1	1	4	6	4	7	—	2	27
Khalifa ... { Genuine ...	6	5	4	5	9	6	5	13	7	7	5	16	88
Adulterated...	3	2	2	1	—	3	1	3	—	2	—	2	19
Ezbekîya ... { Genuine ...	6	12	5	8	5	7	12	6	14	6	12	7	100
Adulterated...	3	2	1	2	1	1	2	3	2	5	7	1	30
‘Abdîn ... { Genuine ...	9	16	6	7	—	3	12	6	7	14	4	11	95
Adulterated...	1	4	1	3	—	3	3	3	3	6	6	10	43
Shubra ... { Genuine ...	7	17	—	1	16	9	7	9	7	6	8	18	105
Adulterated...	3	1	—	—	1	—	3	8	5	4	3	3	31
Darb el Ahmar... { Genuine ...	6	—	3	3	7	5	2	10	3	4	13	6	62
Adulterated...	4	—	7	7	3	5	2	4	7	3	2	—	44
Mûsky ... { Genuine ...	—	4	—	7	6	5	2	2	4	4	7	8	49
Adulterated...	—	—	—	—	—	2	3	5	3	3	2	10	28
Bâb el Sha‘riya... { Genuine ...	8	9	5	—	12	7	5	8	5	7	11	7	84
Adulterated...	1	4	4	—	4	1	1	4	3	2	6	2	32
Saiyeda Zeinab... { Genuine ...	18	9	8	7	9	5	7	10	14	14	9	15	125
Adulterated...	2	—	2	3	1	4	3	10	6	6	1	6	44
Old Cairo ... { Genuine ...	—	—	—	—	—	3	16	5	10	3	6	9	52
Adulterated...	—	—	—	—	—	2	4	3	—	—	3	1	13
Zeitân ... { Genuine ...	8	14	—	—	6	—	4	6	5	10	6	6	65
Adulterated...	4	—	—	—	2	—	—	3	1	8	4	3	25
Helwan ... { Genuine ...	13	—	—	—	7	4	2	4	6	4	8	9	57
Adulterated...	2	—	—	—	—	—	3	2	—	—	2	1	10
TOTAL... { Genuine ...	103	99	48	50	83	68	101	105	102	101	119	141	1,120
Adulterated...	33	20	22	20	14	24	31	55	38	49	50	47	403
GRAND TOTAL ...	136	119	70	70	97	92	132	160	140	150	169	188	1,523

SANITARY CONTRAVENTIONS DEALT WITH DURING 1926.

NAME OF LAW, ETC.	TOTAL NUMBER REPORTED.	RESULT.			
		Convic- tions obtained.	Acquittals.	Filed.	Under Considera- tion.
"Vidange" and "Depotoirs." Arrêté of November 8, 1886, modified by Arrêté of June 2, 1910	366	315	3	18	30
Practice of Medicine and its Branches. Arrêté of June 13, 1891	23	13	2	1	7
Practice of Dentistry. Law No. 14, 1920	6	4	—	—	2
Vaccination. Decree of December 17, 1890, modified by Decree of August 6, 1897 and by Law No. 9 of 1917	837	524	8	112	193
Enclosure of Waste Lands. Arrêté of June 15, 1893 ...	34	25	—	1	8
CEMETERIES :—					
Inhumation, Exhumation and Transport of Bodies Abroad. Regulations of September 15, 1876 and March 26 and October 30, 1877	6	4	1	—	1
Transfer of Cemeteries. Decree of January 29, 1894	—	—	—	—	—
Enclosure of Cemeteries. Unauthorized Inhumation. Decree of March 12, 1898	—	—	—	—	—
PROPHYLACTIC MEASURES :—					
Permanent and Exceptional Measures to prevent Epidemics. Arrêtés of May 11, 1895 and December 19, 1904	—	—	—	—	—
Oysters and Shell-fish during Epidemics. Arrêté of June 16, 1912	—	—	—	—	—
Cholera. Arrêté of October 17, 1895 and Supplementary Arrêté of May 30, 1896	—	—	—	—	—
Plague and Cholera. Decree of May 27, 1899, modified by Laws No. 3 of 1911 and No. 10 of 1913 ...	—	—	—	—	—
Disinfection of Houses during Epidemics. Arrêtés of May 23 and June 26, 1901	—	—	—	—	—
Passenger Control in case of Cholera Abroad. Arrêté of January 21, 1911	—	—	—	—	—
Navigation on the Mahmûdiya Canal in time of Cholera. Arrêté of January 16, 1911	—	—	—	—	—
Prophylactic Measures against Infectious Diseases. Law No. 15 of 1912	53	47	1	1	4
Prophylactic Measures against Cholera. Laws No. 10 of 1917 and No. 3 of 1918	4	1	—	2	1
Prophylactic Measures against Anthrax. Law No. 21 of 1920 and Arrêté of June 7, 1921	—	—	—	—	—
Excavations and <i>Birkas</i> near Habitations. Decree of April 26, 1900	1	1	—	—	—
Measures against Malaria and Decree-Law of Feb. 15, 1925	—	—	—	—	—
Pharmacy and Sale of Poisons. Law No. 14 of 1904, Decree and Arrêté of May 8, 1922	53	40	1	2	10
Assistant Pharmacists. Law No. 20 of 1911, modified by Law No. 15 of 1918	3	3	—	—	—
Transport of Rags during Epidemics. Law No. 1 of 1906 and Arrêté of October 30, 1913, modified by Arrêté of December 22, 1924	4	3	—	—	1
Control of Returning Pilgrims. Arrêté of June 14, 1914	1	—	1	—	—
Public Latrines and "Dépendances" of Mosques and <i>Zâwyas</i> . Law No. 14 of 1911	61	50	2	2	7
Births and Deaths. Decree of August 11, 1912	—	—	—	—	—
"Etablissements incommodes, insalubres et dangereux." Law No. 13 of 1904 and Arrêté of August 29, 1904, completed by Arrêté of June 11, 1905	1,848	1,398	22	41	387
Cleanliness of Streets. Arrêté of June 7, 1913.	114	69	—	43	2
Adulteration of Milk. Art. 302 of the Native Penal Code.	406	306	4	4	92
General Sanitary Contraventions. Native Penal Code, Arts. 334—336 and Mixed Penal Code, Art. 333, para. (6)	127	115	—	3	9
Mooring of ships; Arrêté of Cairo Governorate of 13-10-1924 <i>re</i> Protection of Water Intake	1	1	—	—	—
Incumbrance of roads with in Markets. Arrêté of Cairo Governorate dated 27-3-1911	9	5	—	—	4
TOTAL	3,957	2,924	45	229	759

THE MEDICAL WORK CARRIED OUT BY THE MEDICAL OFFICERS OF POLICE DURING 1926 WAS AS FOLLOWS :—

Nature of Work.	1925	1926
Medico-legal examinations of persons for slight injuries requiring less than 20 days' treatment	11,116	11,465
Medico-legal examinations for more serious cases requiring more than 20 days' treatment. Some of them received first aid from the Police Medical Officers and others were sent to Qasr el 'Aini Hospital	294	315
Examinations of persons for whom no period of treatment was recommended (Police Circular)	2,003	2,434
Medico-legal examinations of persons killed in the streets by accident or where the causes of death were suspected by the Qism Medical Officers	161	172
Injured persons recommended for a second examination on account of permanent deformities resulting from their injuries	169	144
Examinations of persons on account of lunacy either sent to asylum or retained at their houses... ..	116	128
Ghaffirs examined on entering service on request of the Commandant's Office	2,559	1,191
Persons who were examined and sent to Qasr el 'Aini Hospital ...	85	75
Policemen and clerks examined on account of sickness	474	589
Cab-drivers, carters and chauffeurs examined on request of the Traffic Office... ..	4,837	3,330
Persons sent to the Fever Hospital suspected to be suffering from infectious diseases	30	24
Number of examinations performed by the Medical Officers elsewhere than at the Governorate	791	689
Policemen and constables treated at Office	873	2,636
Policemen and constables treated at Police Infirmary	1,599	2,619
Policemen and constables treated at Police Hospital	2,265	1,833
Policemen sent to Qasr el 'Aini Hospital	1,368	1,888
Policemen sent to the Fever Hospital suspected to be suffering from infectious disease	190	255
Secret police treated at Office	58	80
Secret police treated at Police Infirmary... ..	31	27
Secret police treated at Police Hospital	32	56
Secret police sent to Qasr el 'Aini Hospital	54	41
Secret police sent to the Fever Hospital suspected to be suffering from infectious disease... ..	4	6
Ghaffirs treated at Office	288	703
Ghaffirs treated at Police Infirmary	650	567
Ghaffirs treated at Police Hospital	733	788
Ghaffirs sent to Qasr el 'Aini Hospital	526	588
Ghaffirs sent to the Fever Hospital suspected to be suffering from infectious disease	123	98
Nomination of Parquets and Qisms for examination of criminals and injured persons	61	55
Shoeblacks examined for fitness or otherwise	109	69
Examinations of persons in connection with the Pension Law ...	68	123
Examinations of persons for entering the Regular Police Force.	—	4
Gens des Service examined for entering the service of the Governorate	22	31
Gens des Service examined for entering the service of the Ministry of Interior	10	7
Number of medico-legal reports written to replace lost reports	30	16
Examination of sodomites for venereal diseases	94	53
Women sent by Qisms for venereal diseases	—	32
Number of vagabonds examined	175	155
Policemen and ghaffirs vaccinated	1,082	2,981
Constables and policemen examined to be brought before Court Martial	100	164
Inspections done on First Aid Chests at the various Qisms ...	527	562
Number of policemen sentenced to lashing	—	43
Civilians sent need to hanging... ..	—	8
Examinations of policemen for delousing	658	586
Examinations of civilian prisoners sent by Qisms on account of sickness	37	52
Examinations of persons for entering the civil police at the request of the Ministry of Interior... ..	—	1
Persons under administrative supervision examined on account of sickness	—	2
Examinations of women for appointment as a female attendant at the European Lock-up	—	1

MISCELLANEOUS LIST, 1926.

QISM HEALTH OFFICE.																								
	Sick Employees Examined by M.Os. of Qisms.	Transport of Dead Bodies.						Complaints in connection with Health Matters		Mosques examined.				Waste Lands.		Cemeteries.			Birkas.		Pharmacies.	Drug Stores.	Patients Sent to Lunatic Asylum.	
		Transport of Dead Bodies.						Complaints in connection with Health Matters		Mosques examined.				Waste Lands.		Cemeteries.			Birkas.					
		Corpses transported Abroad.	From Cairo to other Localities in Egypt.	Arrived from Localities in Egypt.	Arrived from Abroad.	Remains transported to other Localities in Egypt.	Removed from one Tomb to another.	Dealt with.	Still being dealt with.	Measures recommended.	No measures recommended.	Waqfs.	Private.	Measures recommended.	No measures recommended.	Fenced.	Not fenced.	Abolished.	Enlarged.	New.				Filled in.	Not filled in.
Shubra	501	—	10	—	—	—	316	—	3	3	11	1	21	5	—	—	—	—	—	—	—	1	—	15
Zeitûn	246	2	6	—	—	—	24	2	—	6	—	5	1	—	—	—	—	—	—	—	3	—	1	12
Helwan	105	2	8	5	1	3	9	1	—	—	—	—	—	—	—	—	—	—	—	10	10	—	—	5
Darb el Ahmar	123	—	4	1	—	4	86	—	1	93	—	10	6	—	8	—	—	—	—	—	—	—	—	10
Bûlâq II.	88	—	—	—	—	—	5	41	18	—	—	—	4	—	6	—	—	—	—	—	—	1	—	—
‘Abdîn	275	1	15	—	—	—	99	—	3	21	5	—	1	—	4	—	—	—	—	—	—	4	1	17
Gamâliya	63	—	5	—	—	17	85	4	—	10	3	7	10	—	—	—	—	—	—	—	—	—	—	16
Ezbekiyya	288	—	11	2	1	—	108	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3	—	32
Old Cairo	81	2	25	9	1	9	4	—	9	4	4	2	1	—	—	—	—	—	—	2	1	—	—	8
Khalifa	76	—	2	28	1	23	160	—	1	—	—	—	2	—	9	—	—	1	—	—	—	—	—	12
Bûlâq I.	39	—	—	—	—	—	10	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Saiyeda Zeinab	580	1	10	2	—	3	450	—	—	—	—	—	—	—	—	7	—	—	—	—	—	—	5	21
Abbâsiya	368	2	25	—	1	8	82	18	—	—	1	—	—	—	9	2	—	—	—	—	1	—	—	37
Mûski	21	—	3	—	—	—	1	—	6	7	4	—	—	—	2	3	—	—	—	—	—	1	—	14
Bab esh Sha‘riya	69	—	2	—	—	—	237	13	35	—	16	—	—	—	1	—	—	—	—	—	—	1	—	19
TOTAL	2,923	10	216	47	4	2	1,676	81	76	144	44	25	69	45	—	1	—	—	—	15	12	13	6	225

ANTI-MALARIAL MEASURES.

The special measures taken for the abatement of the mosquito nuisance were applied in the same selected areas and quarters as in 1925.

There were 45 complaints received from private individuals in 1926 as follows :—

21 from 'Abdîn, 8 from Shubra, 3 from Khalîfa, 2 from Darb el Ahmar, 3 from Ezbe-kîya, 2 from Old Cairo, and 1 from Saiyeda Zeinab.

The birkas filled up during the year were 13 in number. Their distribution was as follows :—

Helwan : 4 private birkas in one of which water has reappeared. 8 Government birkas in 3 of which water has reappeared.

Abbâsyâ : Birka at Mohammedi. The two parts belonging to the Government have been filled up.

MISCELLANEOUS.

COMPLAINTS REGARDING VARIOUS QUESTIONS OF SANITATION.

The complaints received and dealt with during 1926 regarding questions of general Sanitation were 554, those regarding mosquito nuisance not being included. Out of this number 27 complaints were received about streets gulleys.

FREE WATER TAPS.

The free water tap which was existing at Ezbet Abdel Nabi and el Bosta, and which was washed away by the heavy rains in 1919, has been re-installed in December 1926 at the expense of the Tanzim Department on the suggestion of the Inspectorate.

CEMETERIES.

1. The approval of the Inspectorate was given regarding an application for the establishment of a new cemetery for the Maronite Community at el Gebel el Ahmar, Abbâsîya District.

2. Extension of existing cemeteries was decreed for the Cemetery of Zein el Abedeen, Saiyeda District.

3. Approval was given on application for the site of a cemetery proposed to be established for the Coptic Orthodox at el Gebel el Ahmar, Abbâsîya District.

ANALYSIS OF SPECIMENS OF WATER FROM PRIVATE SOURCES.

Specimens of water were taken for analysis by the Public Health Laboratories from wells, pumps and taps. They were 7 in number, distributed as follows :—

1 from Maadi.

3 from Heliopolis.

1 from Matarîya.

1 from a well in a house at Sharia el Ahram.

1 from the artesian wells at Zeitûn

SITES FOR PUBLIC CONVENIENCES.

1 Inspections were made of sites proposed by the Main Drainage Department for the erection of public latrines at the following places :—

(a) Darb el Sebil, Haret el Yahood

(b) The junction of Sharia Bein el Ganayen and el Waylia el Soghra.

(c) Sharia el Teraa el Boulaqia, Bûlaq.

(d) Sharia Damanhûr, Heliopolis.

2. The Inspectorate suggested the creation of two public latrines. The first at Sharia Ismail, Heliopolis, and the second at el Torgoman, Bûlâq District.

RAT-CATCHING SERVICE.

1. There were 27 complaints received from Government Offices and Administrations.
2. Those received from private individuals were 24 in number.
3. The number of rats destroyed during 1926 was 3,733. Of these 489 were caught in January, 310 in February, 329 in March, 221 in April, 322 in May, 261 in June, 397 in July, 331 in August, 401 in September, 321 in October, 207 in November and 144 in December.

RATS CAUGHT.

'Abdîn and Qoubbeh Palaces	614
Holy Carpet Dept.	196
Cairo Governorate	300
Public Health Department	9
Ministry of Finance	261
Passport Office	34
House of Senate	57
Qasr el 'Aini Hospital	304
Royal Geographical Society	12
State Domains	258
Ministry of Public Works	199
Mixed Tribunal	127
Chemical Department	46
Stores, Ministry of Finance	63
Bab el Louk Railway Station	98
Bab el Louk Telephone Station	166
Sayeda Zeinab Public Health Office... ..	8
Central Medical Commission	54
General Post Office	212
Municipality Section	95
Audit Department	50
Mixed Tribunal, new premises	115
Anti-rabic Institute	30
Veterinary Section	28
New Telephone Headquarters	60
'Abdîn Court	56
Court of Appeal	15
Mines Department	14
<i>Boulouk el Ghafar</i>	7
State Buildings Department	13
Police Stores... ..	43
Other Government Departments	154
Private individuals	35
TOTAL	3,733

WATER INTAKES.

Repeated inspections were made in the neighbourhood of the intake of the Cairo Water Company at Rod el Farag in order to secure the enforcement of the provision of the Arrêté of the Governorate prohibiting the mooring of boats within certain specified limits. The provisions of the Arrêté prohibiting the mooring of *Dahabias* on the bank of the branch of the Nile to the east of Roda Island were also enforced.

MOULID EL NABI.

The *Moulid el Nabi* was held at 'Abbâsîya from the 12th till the 19th September 1926. It lasted 8 days.

10 portable latrines were installed towards the south end of the ground in 5 groups of 2 each.

The emptying of the latrine-buckets was carried out by 5 workmen and a *Rais* from the Manure Company of Egypt. Supervision was carried out by the Vidange Inspector and a *Sai* from the Inspectorate.

The sanitary arrangements were similar to those followed in 1925.

It has been calculated that the number of visitors on the last day of the Moulid was about 100,000 as against 60,000 in 1925.

Cairo City Weekly Weather State for 1926.

(From the Reports issued by the Physical Service, Ministry of Public Works).

CAIRO CITY WEEKLY WEATHER STATE FOR 1926.
(From the Reports issued by the Physical Service, Ministry of Public Works).

Number of Week.	WEEK.	TEMPERATURE (°C.).						HUMIDITY Per Cent.		RAINFALL (m.m.)		SUNSHINE (Hours).		CLOUD.		WIND.		NILE GAUGE EL RÔDA.	
		Maximum.	Difference from Normal.	Minimum.	Difference from Normal.	Mean.	Difference from Normal.	Mean.	Difference from Normal.	Weekly Total.	Difference from Normal.	Mean.	Per Cent of Possible	0-10.	Difference from Normal.	Force.	Direction.	Mean.	Difference from Normal.
1	January 1-7...	20.1	+1.0	8.7	+1.2	14.4	+1.1	70	—	1.5	-0.3	8.2	80	2.9	-1.3	1	S.	14.64	-0.41
2	" 8-14...	18.7	-0.5	7.4	-0.1	13.0	-0.4	66	—	0.0	-1.8	8.9	87	1.0	-3.0	2	S.	14.59	-0.35
3	" 15-21...	19.9	+0.4	8.4	+0.9	14.2	+0.7	64	—	1.2	-0.6	7.6	73	5.1	+1.3	2	S.	14.58	-0.26
4	" 22-28...	19.6	-0.2	9.0	+1.5	14.3	+0.7	72	—	Drops.	-1.8	6.5	61	3.1	-0.5	1	S.	14.59	-0.20
5	" 29- February 4 ...	20.3	+0.3	9.5	+1.8	14.9	+1.1	80	—	4.6	+3.0	7.2	67	5.0	+1.6	0	Calm.	14.87	-0.06
6	February 5-11...	21.5	+1.2	9.2	+1.6	15.4	+1.4	76	—	Drops.	-1.5	8.7	80	2.9	-0.4	1	S.W.	15.68	+0.35
7	" 12-18...	23.8	+3.0	10.2	+2.5	17.0	+2.8	69	—	Drops.	-1.5	10.1	91	0.9	-2.2	1	S.	15.79	+0.33
8	" 19-25...	19.8	-2.0	8.2	-0.1	14.0	-1.0	69	—	Drops.	-1.5	8.8	78	3.1	+0.1	1	S.W.	15.75	+0.27
9	" 26- March 4 ...	20.6	-2.2	8.1	-0.5	14.4	-1.3	72	—	Drops.	-1.3	7.8	68	2.9	0.0	0	Calm.	15.77	+0.27
10	March 5-11...	20.1	-3.5	9.7	+0.3	14.9	-1.6	66	—	8.6	+7.5	6.0	51	5.7	+2.8	3	S.	15.76	+0.25
11	" 12-18...	22.5	-2.0	9.8	-0.2	16.2	-1.0	68	—	4.8	+3.7	6.9	58	4.7	+1.8	2	S.	15.78	+0.26
12	" 19-25...	26.7	+1.7	13.3	+2.7	20.0	+2.2	61	—	Drops.	-1.1	9.6	79	3.4	+0.5	0	Calm.	15.73	+0.25
13	" 26- April 1 ...	27.4	+1.5	12.2	+1.0	19.8	+1.2	74	—	0.0	-1.1	11.2	90	3.4	+0.4	1	N.	15.72	+0.27
14	April 2- 8...	24.9	-1.6	12.3	+0.4	18.6	-0.6	62	—	2.0	+1.3	8.1	64	3.1	0.0	1	N.W.	15.75	+0.33
15	" 9-15...	30.7	+3.6	14.6	+1.8	22.6	+2.6	52	—	0.0	-0.7	11.6	92	0.0	-3.3	2	S.	15.73	+0.34
16	" 16-22...	31.5	+3.7	14.4	+0.9	23.0	+2.4	54	—	0.0	-0.7	12.2	94	0.7	-2.5	1	N.N.E.	15.70	+0.30
17	" 23-29...	34.3	+8.5	15.5	+1.2	24.9	+3.5	52	—	0.0	-0.7	11.4	86	0.6	-2.5	1	N.	15.74	+0.36
18	" 30- May 6 ...	34.9	+5.3	17.7	+2.7	26.3	+4.0	42	—	0.0	-0.1	11.3	84	2.0	-1.0	1	N.E.	15.74	+0.36
19	May 7-13...	35.0	+4.0	19.3	+3.7	27.2	+3.9	56	—	0.0	0.0	10.9	81	3.4	+0.7	1	N.	15.57	+0.20
20	" 14-20...	33.9	+1.4	17.8	+1.2	25.8	+1.2	50	—	Drops.	Drops.	8.6	63	4.9	+2.5	1	N.	15.57	+0.21
21	" 21-27...	32.1	-1.0	19.1	+1.6	25.6	+0.3	54	—	Drops.	Drops.	9.4	68	4.0	+1.9	1	N.W.	15.56	+0.20
22	" 28- June 3 ...	31.5	-2.1	17.6	-0.4	24.6	-1.2	54	—	0.0	0.0	13.1	94	1.7	-0.2	1	Variable	15.57	+0.21

23	June	4-10...	...	...	39·7	+5·6	20·6	+1·9	30·2	+3·8	44	—	0·0	0·0	0·0	13·3	95	0·6	-1·1	0	Calm.	15·71	+0·34
24	"	11-17...	...	...	34·9	+0·4	19·6	+0·3	27·2	+0·3	55	—	0·0	0·0	0·0	13·4	95	0·3	-1·3	1	N.	15·78	+0·37
25	"	18-24...	...	...	36·2	+1·6	20·5	+1·0	28·4	+1·4	50	—	0·0	0·0	0·0	13·0	92	1·9	+0·1	1	N.W.	15·77	+0·33
26	"	25- July 1	...	...	34·8	-0·3	20·6	+0·8	27·7	+0·3	64	—	0·0	0·0	0·0	13·2	94	3·1	+1·1	1	N.	15·82	+0·34
27	July	2- 8...	...	...	34·2	-1·0	20·2	-0·2	27·2	-0·6	60	—	0·0	0·0	0·0	12·8	92	2·9	+0·6	1	N.W.	15·83	+0·32
28	"	9-15...	...	...	35·9	+0·6	21·6	+0·6	28·8	+0·6	62	—	0·0	0·0	0·0	12·4	89	4·7	+2·2	1	N.	15·83	+0·28
29	"	16-22...	...	...	34·6	-0·7	22·5	+1·4	28·6	+0·4	66	—	0·0	0·0	0·0	12·0	87	5·9	+3·3	0	Calm.	15·89	+0·26
30	"	23-29 ..	...	...	34·6	-0·5	21·0	-0·1	27·8	-0·3	64	—	0·0	0·0	0·0	12·3	90	3·6	+0·8	0	Calm.	15·93	+0·17
31	"	30- August 5	...	...	33·3	-1·8	20·8	-0·4	27·0	-1·2	64	—	0·0	0·0	0·0	12·2	90	3·4	+0·5	0	Calm.	16·00	+0·04
32	August	6-12 ..	...	...	33·3	-1·8	20·6	-0·9	27·0	-1·3	66	—	0·0	0·0	0·0	12·0	90	4·3	+1·3	0	Calm.	16·54	+0·14
33	"	13-19...	...	...	32·8	-1·7	20·1	-1·4	26·4	-1·6	66	—	0·0	0·0	0·0	11·8	90	2·9	-0·2	0	Calm.	18·25	+0·99
34	"	20-26...	...	...	34·4	+0·6	21·0	-0·3	27·7	+0·1	68	—	0·0	0·0	0·0	11·8	91	3·4	+0·4	0	Calm.	18·58	+0·66
35	"	27- Sept. 2	...	...	32·9	-0·2	20·7	+0·2	26·8	0·0	72	—	0·0	0·0	0·0	11·5	90	5·6	+2·7	0	Calm.	18·80	+0·59
36	September	3- 9...	...	...	31·5	-1·0	19·7	-0·3	25·6	-0·6	68	—	0·0	0·0	0·0	11·5	91	4·4	+1·7	1	N.	18·80	+0·41
37	"	10-16...	...	...	31·9	-0·3	20·5	+1·2	26·2	+0·4	71	—	0·0	0·0	0·0	11·0	89	7·4	+5·0	1	N.W.	18·46	-0·05
38	"	17-23...	...	...	30·9	-0·9	19·3	+0·2	25·1	-0·3	72	—	0·0	0·0	0·0	11·1	91	4·3	+2·1	0	Calm.	18·60	-0·01
39	"	24-30...	...	...	30·6	-0·6	17·2	-1·8	23·9	-1·2	74	—	0·0	0·0	0·0	11·2	94	1·4	-0·9	0	Calm.	18·38	-0·26
40	October	1- 7...	...	...	30·1	-0·7	18·1	-0·3	24·1	-0·5	76	—	0·0	-0·2	-0·2	10·5	89	4·3	+1·9	0	Calm.	18·22	-0·30
41	"	8-14...	...	...	29·5	-1·0	16·5	-1·1	23·0	-1·0	76	—	0·0	-0·2	-0·2	10·7	92	3·3	+0·7	1	N.	18·11	-0·40
42	"	15-21...	...	...	29·1	-0·6	15·8	-0·8	22·4	-0·8	78	—	Drops.	-0·2	-0·2	10·3	91	4·4	+1·7	0	Calm.	18·43	-0·19
43	"	22-28...	...	...	29·9	+1·3	15·8	-0·2	22·8	+0·5	78	—	0·0	-0·2	-0·2	10·1	90	3·1	+0·3	0	Calm.	18·42	-0·13
44	"	29- Nov. 4	...	...	29·9	+2·2	17·1	+1·7	23·5	+1·9	80	—	0·0	-0·4	-0·4	8·9	81	6·6	+3·7	1	N.	17·89	-0·26
45	November	5-11...	...	...	28·9	+2·4	16·7	+2·8	22·8	+2·6	80	—	0·0	-0·5	-0·5	9·4	87	3·9	+1·0	0	alm.	17·40	-0·27
46	"	12-18...	...	...	24·8	-0·6	13·6	+0·4	19·2	-0·1	78	—	Drops.	-0·5	-0·5	9·0	85	2·1	-0·9	0	Calm.	17·14	-0·09
47	"	19-25...	...	...	25·5	+1·3	13·3	+0·9	19·4	+1·1	81	—	0·0	-0·5	-0·5	9·9	94	2·7	-0·6	0	Calm.	16·95	+0·11
48	"	26- Dec. 2	...	...	23·7	+0·7	11·7	+0·2	17·7	+0·5	82	—	0·0	-0·6	-0·6	9·3	89	0·3	-3·4	0	Calm.	16·69	+0·15
49	December	3- 9...	...	...	20·9	-1·3	11·9	+1·3	16·4	0·0	66	—	2·8	+1·9	+1·9	4·4	43	6·7	+2·7	2	S.	16·27	-0·02
50	"	10-16...	...	...	18·6	-2·9	8·2	-1·8	15·4	-2·4	72	—	1·0	+0·1	+0·1	7·6	74	2·0	-2·2	2	S.	16·01	-0·08
51	"	17-23...	...	...	19·9	-0·7	7·0	-2·1	13·4	-1·4	74	—	0·0	-0·9	-0·9	9·2	90	2·0	-2·3	1	S.	15·73	-0·03
52	"	24-31...	...	...	21·0	+1·0	7·6	-0·4	14·3	+0·3	77	—	0·0	-1·0	-1·0	8·9	87	3·0	-1·3	0	Calm.	14·82	-0·40

Hospitals Section.

INTRODUCTION FOR THE YEAR 1926.

It was stated, in the last year's report, that the renewal of Medical Institutions have developed and increased in the different towns of the country since 1923. It is pleasing to state that these works have been so vastly and quickly carried on, that it comprised all Medical Institutions in existence and in addition, the erection of other kinds such as Parasitic Diseases clinics in schools for the treatment of pupils, and child-welfare centres. One of the factors that assisted in the achievement of these works was the support of the Parliamentary Sanitary Committee, on its examining the Department's Budget, and the consequent allocation of a sum of L.E. 20,000 for enlarging the section of Researches in Parasitic Diseases, and increasing the travelling Hospitals for combating these diseases. L.E. 24,000 were also allotted for establishing three child-welfare centres. These units are besides other works which are decided to be carried out as detailed in the attached lists.

NEW ESTABLISHMENTS.

In 1926, the Department was able to open several new Institutions, some of which were established at the expenses of the Provincial Councils and handed over to the Department for direction and up-keep; others were established at Government expenses. It was hoped that these establishments could be all ready and opened before the end of 1926, yet owing to certain necessary actions such as choosing the appropriate ground and making the necessary arrangements as regards the staff that would carry out the work, it was not possible to inaugurate some of them until the beginning of 1927. Table (1) shows a general comparison of the new Medical Institutes which were founded in the last four years. A detail of these establishments is shown in table (2).

In addition to the above, it was decided, in the Department's Budget, to establish a hospital for Leprosy at Khânka, two general hospitals at Luxor and Esna, and a permanent training hospital for parasitic diseases; this is in addition to other hospitals which are being established at the expenses of the Provincial Councils and the Public such as Zawyet Ennaôra Hospital at Menûfiya Province, Fekriya Hospital at Minya and Dereen Hospital at Gharbiya Province.

NEW CONSTRUCTIONS, MODIFICATIONS AND IMPROVEMENTS IN HOSPITALS.

The Department also constructed new institutes and made some modifications and improvements in the following hospitals:—

New Constructions.

- (1) The construction of a new section to hold 50 beds at Qasr el Aini at the expense of Wakf of late Kâsim Pasha.
- (2) The construction of a new section to hold 50 beds at Alexandria Hospital.
- (3) The construction of a new mortuary at Damietta.
- (4) The construction of a new section for the out-patient clinic and for the Ankylostoma patients at Mansûra Hospital.

Modifications of Buildings.

- (1) Modification of the rooms of X rays section, Alexandria Hospital.
- (2) Converting the building of the old clinic at Mansûra Hospital to a resort for the out-patients, who come from distant localities.
- (3) Converting the place of light machinery at Benha Hospital to wards for patients.

Improvements.

- (1) Instalment of electric light at Shebîn el Kôm Hospital.
- (2) Instalment of electric light at Benha Hospital.
- (3) Instalment of a water system at Faiyûm Hospital.

- (4) Instalment of a machine for light and X rays at Suhag Hospital.
- (5) Instalment of a machine for light and X rays at Aswân Hospital.
- (6) Changing the crude water system to a filtered one at Aswân Hospital.

TREATMENT IN HOSPITALS.

The condition of treatment in hospitals is going on progressively ; this is attributed to the introduction of recent methods of treatment including new medicines and modern apparatus.

In addition to the permanent apparatus of X rays with which the hospitals are provided, many hospitals were equipped with portable apparatus of X rays so that the apparatus could be transported to beds of patients without letting them move from their places. Also the Department has introduced Radium for treatment in Qasr el Aini and Alexandria Hospitals ; it has also appointed specialists in the various branches of medicine etc.

IN AND OUT PATIENTS STATISTICS.

It was natural that the improvement of the conditions of treatment and the satisfactory results thereof lead to the increase of the number of patients incessantly, in both the in and out Patient Sections of Hospitals and also in clinics. This could be clearly observed from the following table which shows the total number of patients treated in the last three years :—

	1924	1925	1926
Patients treated in in-patient departments of Hospitals ...	60,829	63,149	64,225
Patients treated in out-patient departments of Hospitals ...	303,337	412,170	613,449
Number of out-patients attendances	548,204	831,173	1,319,692
Number of out-patients treated in out-patients clinics	—	—	50,473

NUMBER OF BEDS IN HOSPITALS.

The total number of beds in hospitals (including 24 beds for Mît Ghamr Hospital) was 3,761 beds of which 387 was the number of beds of Hod el Marsûd and Gabbary lock hospitals which two hospitals are assigned for the treatment of Prostitutes. The 3,761 beds do not include the number of beds of infectious diseases hospitals, as the latter were detached from the Hospitals Section and are since April 1926 under the direction of the Sanitary Department. This detachment resulted in the decrease of the number of beds by 928 shown as follows :—

Name of Hospital.	Number of beds.
Abbâsiya fever Hospital.	760
Port Said fever Hospital.	63
Tanta fever Hospital ...	30
Mansûra fever Hospital ...	12
Zagazig fever Hospital ...	24
Minya fever Hospital ...	23
Quesna Sanitary Shelter.	16
TOTAL	928

Only two sections remained temporarily under the direction of the hospitals section, one of which is attached to Alexandria Hospital, the other to Suez Hospital.

NURSING STAFF.

The training of this staff follows the educational programme laid down for them. There are now 22 of them distributed as follows :—

Number of male nurses.	Number of female nurses.
7 in the 1st year. 5 in the 2nd year.	6 in the 1st year. 4 in the 2nd year.
— 12	— 10

OPERATIONS AND X RAYS EXAMINATION.

The following table shows the number of operations made during this year as compared to that of the last year at both the in and out Patient Sections of the Government Hospitals. Major operations are however shown in table No. (10).

	1925	1926
Number of operations in in-patient Sections in Hospitals ...	18,838	19,698
Number of operations in out-patient Sections in Hospitals ...	4,284	4,285
TOTAL	23,122	23,983

The number of cases examined by X rays amounted to 6,092.

DEATHS.

The number of patients treated at the in-patients Departments of Government Hospitals in this year amounted to 64,225 patients of which 3,445 died, giving a percentage of 5·4.

RECEIPTS AND EXPENSES.

The total receipts during this year from the in-patients sections of General Hospitals was L.E. 6,463.745 milliemes.

It was however decided to make treatment in the third ordinary class gratuitous as from February 2, 1927. The expenses amounted to L.E. 228,370.141 milliemes including the expenditure of Hod el Marsûd and Gabbary Lock Hospitals. The following table shows the total expenditure and the average expenses per patient daily and annually in the last three years :—

	1924	1925	1926
Number of days of treatment ...	1,013,430	1,008,893	1,049,209
Expenses per L.E.	226,446	240,949	228,370
	L.E. MILLS	L.E. MILLS	L.E. MILLS
Average per patient daily	223	228	209
Average expenses per patient annually	81 618	82 220	76 285

It is to be noted that the figures for 1924 and 1925 include the Infectious Diseases Hospitals.

VENEREAL DISEASES.

The number of patients suffering from these diseases who were treated at the in and out-patients Departments amounted to 6,645 and 18,843 respectively, shown as follows :—

	In-patient sections.			Out-patient sections.		
	Syphilis.	Gon.	Total.	Syphilis.	Gon.	Total.
General Hospitals	1,175	1,822	2,997	6,603	3,033	9,636
Venereal diseases hospitals (for prostitutes)	1,376	2,272	3,648	4,104	—	4,104
Venereal diseases hospitals (clinics)	—	—	—	3,191	1,912	5,103
TOTAL	2,551	4,094	6,645	13,898	4,945	18,843

PARASITIC DISEASES HOSPITALS.

This kind of hospitals as afore-mentioned is increasing gradually, and consequently the number of patients is increasing incessantly in the last three years as shown in the following table :—

				Bilharziasis and Ankylostomiasis.
1924	...	...	...	62,647
1925	...	...	...	82,666
1926	...	...	...	155,125

The total amount of expenses of these hospitals was L.E. 14,996.354 milliemes shown in table No. (14). Details as to cases treated are shown in table No. (15).

CHILDREN DISPENSARIES AND MATERNITY SCHOOLS.

Work undertaken by these institutes is fully detailed in tables Nos. (16, 17 and 18). The following is a general comparison of its work in the last three years :—

	1924	1925	1926
Number of children Dispensaries	13	14	15
„ „ „ treated ...	459,430	459,106	440,960
„ „ Maternity Schools ...	8	8	10
„ „ Cases of delivery ...	5,081	4,976	7,097
„ „ Dayas graduated ...	178	199	162

CONCLUSION.

It is worthy of mention, before concluding this summary, to point out that, in addition to what appears clearly from the following comparison between the number and kinds of the present institutes and that existing at the year 1924, that the Department is carrying out a most promising programme by which the country will greatly benefit :—

Kind of institute.	1924	1926
General Hospitals		26
Out-patient clinics for General Diseases	—	3
Venereal Diseases Hospitals ...	2	2
Out-patient Clinics for Venereal Diseases	—	6
Children Dispensaries	13	15
Maternity Schools	8	10
Children Welfare Centres	—	3
Ankylostoma Hospitals	7	27
Ankylostoma Clinics in schools ...	—	5
TOTAL	51	97

TABLE NO. 1.—SHOWING THE DIFFERENT INSTITUTIONS ESTABLISHED UNTIL 1926-1927.

INSTITUTIONS.	Existing at the end of 1922.	Established during the years.					Number of institutions till 26-27
		1923	1924	1925	26-27	Total.	
General Hospitals D.P.H.	19	1	1	2	3	17	26
Clinics for General Dis. P.H.D.	—	—	—	—	1	1	1
„ „ „ Prov. C.	—	—	—	2	—	2	2
V.D. Hospitals, D.P.H.	2	—	—	—	—	2	2
„ Clinics, D.P.H.	—	—	—	2	4	6	6
Child welfare Centres, D.P.H. ...	—	—	—	—	3	3	3
Children Dispensaries, D.P.H. ...	—	—	—	1	—	1	1
„ „ „ Prov. C.	11	—	1	—	2	3	14
Dayas Schools Prov. C.	8	—	—	—	1	1	9
„ „ „ D.P.H.	—	—	—	—	1	1	1
Ankylostoma Hospitals D.P.H....	5	—	—	1	—	1	6
„ „ „ Prov. C.	—	—	—	—	1	1	1
„ „ „ travelling Hospitals.	—	—	—	—	—	—	—
Prov. C.	1	—	—	1	2	3	4
Ankylostoma Travelling Hospitals P.H.D.	—	—	1	4	10	15	15
Ankylostoma Branch in General Hospitals	—	—	—	—	1	1	1
Ankylostoma Clinics in Schools D.P.H.	—	—	—	—	5	5	5
Increase in number of Beds* ...	2,955	221	120	170	206	717	3,672

* Besides these beds there are 89 beds in "General Hospitals" under the control of the Ophthalmic Section and the total, if these are added, will be 3,761.

TABLE No. 2.

Name of institution.	Number of beds.	Date of opening.	Created by the Government.	Created by the Prov. Councils and Municipalities.	Created by individuals.	Annual Expenses. L.E.
<i>(1) General Hospitals.</i>						
Kasr el Ainy Hospital ...	880	—	At the Expense of the Govt.			71,140
Alexandria Hospital... ..	465	—	„			32,290
Port Said Hospital	178	—	„			12,758
Suez Hospital	209	1903	„			9,457
Damietta Hospital	112	1925	„			4532
Damanhûr Hospital... ..	100	1895	„			5,277
Tanta Hospital	154	1872	„			9,255
Mansûra Hospital	156	1891	„			8,289
Zagazig Hospital	110	1891	„			6,798
Shebîn el Kôm Hospital...	81	1899	„			4,915
Banha Hospital... ..	89	1896	„			5,333
Kalyûb Hospital	59	1906	—		At the Expense of Shawarby Pasha	3,095
Faîyûm Hospital	81	1895	At the Expense of the Govt.		—	4,455
Beni Suef Hospital	86	1895	„		—	5,108
Lamloum (Maghagha) Hospital	12	1925	—		At the Expense of Lamloum Pasha	1,507
Minya Hospital	80	1901	At the Expense of the Govt.		—	5,309
Asyût Hospital	187	1899	„		—	9,354
Tahta Hospital	15	1924	—		At the Expense of individuals	2,184
Sûhâg Hospital	74	1897	At the Expense of the Govt.			5,179
Qena Hospital	72	1914	„			4,594
Luxor Hospital	26	1923	—		At the Expense of Mr. Thos. Cook	2,762
Isna Hospital	31	—	At the Expense of the Govt.			2,271
Aswân Hospital	46	1904	„			3,662
Mallawi Hospital	16	1926		At the Expense of the Provin. Council and Shorbagi Bey ...		—
Breem Hospital... ..	31	1926		At the Expense of the Provin. Council and Shorbagi Bey ...		—
Mît Ghamr Hospital ...	24	1927		At the Expense of the Provin. Council and Shorbagi Bey ...		—
	3,374					

TABLE NO. 2. (*contd.*).

NAME OF INSTITUTION.	Date of opening.	Created by the Government.	Created by the Prov. Councils and Municipalities.	Annual Expenses.	Remarks.
				L.E.	
(2) <i>Clinics for General Diseases.</i>					
Tala Clinic	1925	—	At the Expense of the Provincial Council.		Under the Control of the Council.
Fashn Clinic	1925	—	„		
Derr Clinic in a House-Boat... ..	1926	At the expense of the Govt.			
(3) <i>V.D. Hospitals.</i>					
Hod El Marsûd Hospital.	—	„		5,888	
Gabbary Hospital ...	—	„		3,630	
(4) <i>V.D. Clinics.</i>					
Cairo Clinic	1925	„			
Port Said Clinic	1925	„			
Tanta Clinic	1927	„			
Mansûra Clinic	1927	„			
Asyût „	1927	„			
Qena „	1927	„			
(5) <i>Dayas Schools.</i>					
Suhâg Dayas School ...	1913		At the expense of the Provincial Council.		
Shebîn el Kôm D. School.	1913		„		
Mansûra D. School ...	1913		„		
Tanta D. School	1913		„		
Minya D. School	1913		„		
Zagazig D. School ...	1914		„		
Faîyûm D. School	1917		„		
Damanhûr D. School ...	1918		„		
Beni Suef D. School ...	1926		„		
Cairo D. School	1926	„			

The Expenses of these institutions are paid by the Provincial Councils directly.

TABLE NO. 2 (contd.).

NAME OF INSTITUTION.	Date of opening.	Created by the Government.	Created by the Prov. Councils and Municipalities.	Annual Expenses.	Remarks.
				L.E.	
Children Dispensaries :—					
Children Dispensary, Minya	1906	—	At the Expense of the Provincial Council.		
Children Dispensary, Tanta	1912	—			
Children Dispensary, Faîyûm	1912	—			
Children Dispensary, Shebin el Kom ...	1912	—			
Children Dispensary, Mansûrah	1913		At the Expense of the Municipality ...		
Children Dispensary, Zagazig	1913		At the Expense of the Provincial Council.		
Children Dispensary, Beni Suef	1913		„		
Children Dispensary, Port Said	1914		At the Expense of the Municipalities ...	The Expenses of these institutions are paid by the Provincial Councils, and Municipalities directly	
Children Dispensary, Biba	1915		At the Expense of the Provincial Council.		
Children Dispensary, Wasta	1915		„		
Children Dispensary, Damanhûr	1917		„		
Children Dispensary, Tûkh	1924		„		
Children Dispensary, Asyût	1925	At the Expense of the Govt.			
Children Dispensary, Qena	1926	—	At the Expense of the Provincial Councils		
Children Dispensary, Luxor	1927	—			
Child Welfare Centres :—					
Child Welfare Centre, Old Cairo	1927	At the Expense of the Govt.			

TABLE No. 2 (contd.).

NAME OF INSTITUTION.	Date of opening.	Created by the Government.	Created by the Prov. Councils and Municipalities.	Annual Expenses.	Remarks.
				L.E.	
Child Welfare Centre, Bûlâq	1927	At the Expense of the Govt.			
Child Welfare Centre, Darb el Ahmar	1927				
Ank. Clinics in Schools:—					
Ank. Clinic, Cairo ...	1926				
„ „ Alexandria	1926				
„ „ Mansourah	1927				
„ „ Tanta ...	1927				
„ „ Shebin el Kom	1927				
Ank. Hosp. Cairo ...	1919			891	
„ „ Kalyoub...	1920			945	
„ „ Mansûra...	1920			678	
„ „ Banha ...	1920			903	
„ „ Tanta ...	1921			937	
„ „ Damietta	1925			658	
Ank. Branch, Alex. Hosp	1926			—	
„ Hospital Zagazig.	1926		At the Expense of the Provincial Council.	1538	
Ank. Travelling Hospital No. 1	1925	At the Expense of the Govt.		934	
Ank. Travelling Hospital No. 2	1925			938	
Ank. Travelling Hospital No. 3	1925			1309	
Ank. Travelling Hospital No. 4	1925			875	
Ank. Travelling Hospital No. 5	1926			1017	
Ank. Travelling Hospital No. 6	1926			495	
Ank. Travelling Hospital No. 7	1927			—	
Ank. Travelling Hospital No. 8	1927			—	
Ank. Travelling Hospital No. 9	1927			—	
Ank. Travelling Hospital No. 10	1927			—	
Ank. Travelling Hospital No. 11	1927			—	
Ank. Travelling Hospital No. 12	1927			—	
Ank. Travelling Hospital No. 13	1924			987	Previously permanent at Damanhûr.
Ank. Travelling Hospital No. 14	1924			—	
Ank. Travelling Hospital No. 15	1927			—	
Ank. Travelling Hospital, Menouf	1922	—		538	
Ank. Travelling Hospital Nag amnadi	1925	—	At the Expense of the Provincial Councils.	436	
Ank. Travelling Hospital Minia el Qamh ...	1926	—		735	
Ank. Travelling Hospital, Mataria	1927	—		—	

TABLE No. 3.—NUMBER OF BEDS IN GENERAL HOSPITALS 1926.

NAME OF HOSPITAL.	BEDS FOR PATIENTS.							BEDS FOR STAFF.				Grand Total.
	1st. Class.	2nd. Class.	Special 3rd. Class.	Ordinary 3rd. Class. and 4th. Class.			Total.	Rest house.	Residents and nurses.	Other staff.	Total.	
				For patients.	For Children.	Beds under control of oph. section.						
Qasr el 'Aini	—	—	—	719	28	—	747	—	117	16	133	880
Alexandria	1	8	—	383	12	31	435	—	18	12	30	465
Port Said	4	8	20	128	3	0	163	—	11	4	15	178
Suez	7	16	—	170	1	8	202	—	7	—	7	209
Damietta	2	2	—	72	—	22	98	3	—	11	14	112
Damanhûr	—	4	—	91	2	—	97	3	—	—	3	100
Tanta	1	4	—	141	4	—	150	1	3	—	4	154
Mansûra	1	7	—	145	—	—	153	1	2	—	3	156
Zagazîg	1	2	—	99	4	—	116	2	2	—	4	110
Shibîn el Kôm	1	1	—	78	—	—	80	1	—	—	1	81
Benha	—	—	—	81	8	—	89	—	—	—	—	89
Qalyûb	2	1	—	55	—	—	59	—	—	—	—	59
Faiyûm	1	2	—	77	—	—	80	1	—	—	1	81
Beni Suef	—	2	—	82	—	—	84	1	1	—	2	86
Lamloum (Maghagha)	—	—	—	12	—	—	12	—	—	—	—	12
Minya	1	1	—	75	2	—	79	1	—	—	1	80
Asyût	—	14	—	170	—	—	184	—	3	—	3	187
Tahta	—	—	—	15	—	—	15	—	—	—	—	15
Sûhâg	—	1	—	72	—	—	73	1	—	—	1	74
Qena	—	2	—	67	2	—	71	1	—	—	1	72
Luxor	—	2	—	24	—	—	26	—	—	—	—	26
Isna	—	—	—	31	—	—	31	—	—	—	—	31
Aswân	1	2	—	41	—	—	44	1	1	—	2	46
Mallawi	—	—	—	9	—	7	16	—	—	—	—	16
Bereem (Kom-Hamada)	—	—	—	18	—	13	31	—	—	—	—	31
TOTAL	23	80	20	2,855	66	81	3,125	17	165	43	225	3,350
Hod-el-Marsûd	—	—	—	229	—	—	229	—	3	18	27	170
Gabbari	—	—	—	134	—	—	134	—	3	—	3	137
GRAND TOTAL... ..	23	80	20	3,218	66	81	3,488	17	171	61	249	3,737

TABLE No. 4.—SHOWING NUMBER OF PATIENTS TREATED IN THE
IN-PATIENTS CLINIC IN GENERAL HOSPITALS 1926.

NAME OF HOSPITAL.	Existing.	Volunteers.	SENT BY THE POLICE.				TOTAL.	Males.	Females.
			Police Cases.	Police Men and Gaffirs.	Prisoners.	Prostitutes.			
Qasr el 'Aini	699	8,842	6,161	450	9	—	15,463	11,216	4,247
Alexandria... ..	272	6,292	2,236	585	34	—	9,147	7,128	2,019
Port Said	143	2,328	234	164	20	176	2,972	2,153	819
Suez	91	2,764	121	251	10	226	3,372	2,509	863
Damietta	86	944	266	70	3	7	129	904	386
Damanhûr	88	875	426	460	46	161	1,968	1,545	423
Tanta	121	1,806	849	377	12	315	3,359	2,432	927
Mansûra	114	1,858	546	448	62	117	3,030	2,480	551
Zagazîg	83	1,305	426	626	7	90	2,454	2,047	407
Shibîn el Kôm	74	1,024	610	390	18	10	2,052	1,607	445
Benha	95	1,536	487	359	4	30	2,416	2,039	377
Qalyûb	60	770	151	82	—	—	7,003	812	191
Faiyûm	70	374	587	278	80	90	1,409	1,121	288
Beni-Suef	73	675	386	93	6	112	1,272	970	352
Lamloum (Maghagha)	15	256	91	17	—	—	364	318	46
Minya	88	604	490	183	20	137	1,434	1,102	332
Asyût	151	1,687	1,378	142	9	310	3,626	2,719	907
Tahta	16	300	120	25	—	—	445	328	117
Sûhâg	65	772	387	124	26	109	1,418	1,076	342
Qena	71	1,014	183	110	—	65	1,372	1,092	280
Luxor	21	354	86	19	2	1	462	380	82
Isna	28	502	63	15	2	71	653	455	198
Aswân... ..	27	453	155	49	11	24	692	558	134
Mallawi	—	12	23	1	—	—	36	32	4
Bereem (Kom-Hamada)... ..	—	—	—	—	—	—	—	—	—
TOTAL	2,551	37,347	16,512	5,419	381	2,051	61,710	47,023	14,687
Hod-el-Marsûd	245	—	—	—	—	2,893	2,893	—	2,893
Gabbari	75	—	—	—	—	631	631	—	631
GRAND TOTAL	2,871	37,347	16,512	5,419	381	5,575	65,234	47,023	18,211

TABLE NO. 5.—SHOWING NO. OF PATIENTS DISCHARGED FROM GENERAL HOSPITALS IN 1926.

Name of Hospital.	Cured.	Relieved.	Died.	TOTAL.	Males.	Females.	Remaining
Qasr el 'Aini	—	14,332	1,181	15,513	11,232	4,281	649
Alexandria... ..	4,890	3,540	688	9,118	7,105	2,013	301
Port Said	1,580	1,272	142	2,994	2,165	829	121
Suez	2,479	765	123	3,367	2,514	853	96
Damietta	1,021	264	23	1,308	919	389	68
Damanhûr	1,147	774	94	2,115	1,582	433	41
Tanta	2,390	762	206	3,358	2,445	913	122
Mansûra	1,698	1,211	93	3,002	2,470	532	143
Zagazîg	1,584	801	66	2,451	2,052	399	86
Shebîn el Kôm	1,313	638	92	2,041	1,598	445	83
Benha	1,686	674	50	2,410	2,031	379	101
Qalyûb	652	290	81	1,023	827	196	40
Faiyûm	1,146	182	70	1,398	1,120	278	81
Beni Suef	904	274	96	1,274	975	299	71
Lamloum (Maghagha)	256	103	6	365	319	46	14
Minya... ..	1,037	345	68	1,450	1,118	332	72
Asyût	2,724	708	180	3,612	2,713	899	165
Tahîta	300	109	30	439	326	113	22
Sûhâg	847	514	66	1,427	1,080	347	56
Qena	1,080	259	47	1,386	1,096	290	57
Luxor	368	84	10	462	376	86	21
Isna	480	168	10	648	452	196	33
Aswân... ..	405	252	20	677	544	133	42
Mallawi	23	6	3	32	29	3	4
Bereem (Kom Hamada)	—	—	—	—	—	—	—
TOTAL	30,000	28,327	3,445	11,772	47,088	14,684	2,489
Hod-el-Marsûd	1,861	1,144	—	3,005	—	3,005	133
Gabbari	623	—	—	623	—	623	83
GRAND TOTAL	32,484	29,471	3,445	65,400	47,088	18,312	2,705

TABLE NO. 6.—SHOWING NO. OF PATIENTS TREATED IN THE OUT-PATIENTS DEPARTMENTS IN GENERAL HOSPITALS 1926.

Name of Hospital.	Voluntary Admissions.	Sent by the Police.	TOTAL.	New Patients.	Old Patients.	Total Number of Visits.
Qasr el 'Aini	161,639	5,800	167,439	167,439	195,917	363,346
Alexandria	89,264	7,790	97,054	97,054	116,675	213,229
Port Said	33,719	1,661	35,380	35,380	28,800	64,180
Suez	12,142	753	12,895	12,895	19,171	32,066
Damietta	20,774	327	21,101	21,101	20,284	41,385
Damanhûr	13,894	422	14,316	14,316	14,345	28,661
Tanta	16,341	1,530	17,871	17,871	25,570	43,441
Mansûra	27,614	564	28,178	28,178	21,396	49,574
Zagazîg... ..	22,531	939	23,470	23,470	25,999	49,469
Shebîn el Kôm	19,721	432	20,153	20,153	42,643	62,396
Benha	23,104	136	23,240	23,240	27,065	50,305
Qalyûb	10,668	123	10,791	10,791	10,028	20,819
Faiyûm	16,732	198	16,927	16,927	18,116	35,043
Beni Suef	16,486	236	16,722	16,722	26,534	43,256
Lamloum (Maghagha)	6,101	46	6,147	6,147	16,635	22,782
Minya	14,729	518	15,247	15,247	19,919	35,166
Asyût	15,919	356	16,275	16,275	12,175	28,450
Tahîta	10,361	200	10,561	10,561	9,727	20,288
Sûhâg	19,907	295	20,202	20,202	15,426	35,628
Qena	12,471	66	12,537	12,537	8,036	20,573
Luxor	7,275	18	7,293	7,293	8,822	16,115
Isna	6,825	107	6,932	6,932	8,443	15,375
Aswân	5,873	425	6,298	6,298	6,376	12,674
Mallawi... ..	4,237	16	4,253	4,253	7,299	11,552
Bereem (Kom Hamada)	2,167	—	2,167	2,167	1,352	3,519
GRAND TOTAL	590,494	22,955	613,449	613,449	706,243	1,314,692

TABLE NO. 7. — VENEREAL DISEASES.

Name of Hospital.	Prostitutes.				Cases treated.					
	Syphilis	Gonor-rhea.	Other Diseases	TOTAL.	Out-Patients.			In-Patients.		
					Syphilis	Gonor-rhea.	TOTAL.	Syphilis	Gonor-rhea.	TOTAL.
Qasr el 'Aini	—	—	—	—	3,813	1,155	4,968	232	108	340
Alexandria	—	—	—	—	468	1,443	2,911	44	257	301
Port Said... ..	19	141	16	176	89	—	89	485	198	683
Suez	25	192	9	226	114	70	184	106	422	528
Damietta	7	—	—	7	38	1	39	18	4	22
Damanhûr	30	131	—	161	180	5	185	73	140	213
Tanta	23	273	19	315	199	37	236	71	252	323
Mansûra	23	94	—	117	195	39	234	62	102	164
Zagazîg	6	33	51	90	220	23	243	26	41	67
Shebîn El Kôm	—	7	3	10	111	14	125	34	14	48
Benha	6	18	6	30	149	2	151	21	53	74
Qalyûb	—	—	—	—	187	—	187	8	—	8
Faiyûm	6	25	59	90	470	6	476	22	33	55
Beni Suef	7	67	38	112	401	34	435	28	74	102
Lamloum (Maghagha)	—	—	—	—	45	—	45	—	—	—
Minya	21	104	12	137	83	8	91	29	107	136
Asyût	11	290	6	310	403	70	473	94	277	371
Tahta	—	—	—	—	202	16	218	13	3	16
Sûhâg	4	86	19	109	541	32	573	54	91	145
Qena... ..	2	61	2	65	353	14	367	27	65	92
Luxor	—	—	1	1	128	10	138	3	3	6
Isna	6	63	2	71	181	20	201	18	62	80
Aswân	2	9	13	24	17	27	44	13	25	38
Mallawi	—	—	—	—	13	7	20	—	—	—
Bereem (Kôm Hamada)	—	—	—	—	3	—	3	—	—	—
Hôd el Marsûd	1,110	1,783	—	2,893	4,043	—	4,043	1,110	1,783	2,893
Gabbary	266	312	53	631	61	—	61	266	489	755
	—	—	—	—	1,142	1,686	2,830	—	—	—
	—	—	—	—	2,049	224	2,273	—	—	—
TOTAL	1,577	3,689	309	5,575	13,898	4,945	18,843	2,551	4,094	6,645

TABLE NO. 8.—PREGNANT CASES EXAMINED FOR SYPHILIS.

Name of Hospital.	No. of Cases.	Result of Examination.		
		Negative.	Positive.	Suspected.
Qasr el 'Aini	880	266	106	8
Alexandria	113	68	47	3
Port Said	29	7	22	—
Suez	52	31	21	—
Damietta	155	88	16	1
Damanhûr	113	27	41	11
Tanta	50	30	20	—
Mansûra	212	118	45	49
Zagazîg	84	40	33	11
Shebîn el Kom	145	85	22	—
Benha	23	16	7	—
Qalyûb	19	6	10	3
Faiyûm	100	31	22	47
Beni Suef	38	22	16	—
Lamloum (Maghagha)	26	16	10	—
Minya	176	114	43	5
Asyût	158	122	31	5
Tahta	35	18	14	3
Sûhâg	32	22	9	1
Qena	64	35	27	2
Luxor	26	18	7	—
Isna	6	2	4	—
Aswân	—	—	—	—
Mallawi	—	—	—	—
Bereem (Kom-Hamada)	6	4	—	2
Hôd el Marsûd	24	17	7	—
Gabbary	—	—	—	—
GRAND TOTAL	2,066	1,198	580	154

TABLE NO. 9.—THEATRES AND RESEARCHES.

NAME OF HOSPITAL.	Operations under Anaesthetic.		Cases Examined by X Ray.	Specimens thereof Sent to Lab.	Examined Microscopically.	Pathological researches.
	In-patients.	Out-patients.				
Qasr el 'Ainy	4,922	1,352	3,993	—	—	—
Alexandria	3,041	966	1,132	856	5,260	24
Port Said	956	40	195	2,832	—	20
Suez	347	279	110	—	—	—
Damietta	357	700	—	318	3,912	2
Damanhûr	489	—	55	306	1,550	3
Tanta	1,126	—	—	522	3,057	20
Mansûra	1,239	—	—	409	3,713	6
Zagazîg	1,121	15	78	654	4,938	47
Shebîn el Kôm	672	183	—	405	1,090	6
Benha	832	39	59	615	537	3
Kalyûb	598	340	74	350	4,081	82
Faîyûm	491	191	—	232	1,000	8
Beni Suef	441	15	6	239	1,058	7
Lamloum (Maghagha)	201	—	—	—	3,367	—
Minya	366	5	152	427	2,187	3
Asyût	1,179	7	238	532	2,066	23
Tahta	113	54	—	109	121	2
Suhag	410	6	—	279	7,062	12
Qena	270	18	—	586	4,252	12
Luxor	127	52	—	270	44	1
Esna	201	—	—	98	411	2
Aswân	168	12	—	82	600	—
Mallawi	31	—	—	—	—	—
Bereem (Kom Hamada)	—	1	—	24	—	—
GRAND TOTAL	19,698	4,285	6,092	10,145	50,306	283

TABLE No. 11.—RECEIPTS IN GENERAL HOSPITALS 1926.

NAME OF HOSPITAL.	TREATMENT FEES OF IN-PATIENTS.						OTHER RECEIPTS.						GRAND TOTAL.									
	1st Class		2nd Class.		Special 3rd Class.		Ordinary 3rd Class.		Cost of maintenance of patients' relatives.		TOTAL.			X-Rays.		Drugs.		Other Receipts.		TOTAL.		
	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.		L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.	
Qasr el 'Aini...	—	—	—	—	—	—	758	519	—	—	758	519	—	—	—	195	22	431	22	626	781	165
Alexandria ...	—	—	241	600	—	—	68	338	—	—	509	938	13	550	—	—	14	936	28	486	538	424
Port Said ...	137	600	179	500	577	—	318	405	—	—	1,212	505	8	200	—	—	2	692	10	892	1,223	397
Suez ...	403	100	394	300	100	—	158	290	—	—	1,055	690	20	—	8	416	—	272	28	688	1,084	378
Damietta ...	8	800	4	400	—	—	44	938	—	—	58	138	—	—	—	—	3	248	3	248	61	386
Damanbûr ...	—	—	2	800	—	—	61	430	—	—	64	230	—	—	—	—	—	916	—	916	65	146
Tanta ...	—	—	128	—	—	—	243	717	1	650	373	367	—	800	—	—	3	257	4	57	377	424
Mansûra ...	—	—	145	600	—	—	190	370	—	—	335	970	—	—	1	430	1	560	2	990	338	960
Zagazîg ...	—	—	42	800	—	—	310	725	—	460	353	985	7	500	—	254	1	200	8	954	362	939
Shibîn el Kôm ...	—	—	35	600	—	—	182	455	—	—	218	55	—	—	—	—	—	—	—	—	218	55
Benha ...	—	—	10	—	—	—	190	640	—	—	200	640	—	—	—	250	1	287	1	537	202	177
Qalyûb ...	—	—	14	—	—	—	—	—	—	—	14	—	—	—	—	—	1	713	1	713	15	713
Faiyûm ...	—	—	8	800	—	—	56	145	—	—	64	945	—	—	—	740	4	99	4	839	69	784
Beni Suef ...	—	—	64	800	—	—	161	470	—	—	226	270	—	—	—	129	—	—	—	929	227	199
Lamloum (Maghagha)	—	—	—	—	—	—	43	285	1	500	44	785	—	—	—	—	—	—	—	—	44	785
Minya ...	—	—	35	600	—	—	120	965	—	—	156	565	5	800	1	295	5	547	12	642	169	207
Asyût ...	—	—	104	800	—	—	373	105	—	—	477	905	6	400	—	241	4	875	11	516	489	421
Tahta ...	—	—	—	—	—	—	37	960	—	—	37	960	—	—	—	500	1	271	1	771	39	731
Sûbâg ...	—	—	28	400	—	—	132	658	7	450	168	508	—	—	—	548	—	109	—	657	169	165
Qena ...	—	—	1	600	—	—	85	570	—	—	87	170	—	—	1	676	7	691	1	117	96	537
Luxor ...	—	—	9	200	—	—	31	330	—	150	40	680	—	—	2	104	1	650	3	754	44	434
Isna ...	—	—	—	—	—	—	13	390	—	—	13	390	—	—	35	829	3	249	39	78	52	468
Aswân ...	7	200	22	800	—	—	160	530	—	—	190	530	—	—	80	735	—	—	80	735	271	265
TOTAL...	556	700	1,474	600	677	—	3,744	235	11	210	6,463	745	62	250	135	142	82	3	279	395	6,743	140
Hód el Marsûd ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gabbari ...	—	—	126	400	—	—	—	500	—	—	126	900	—	—	—	—	—	—	—	—	126	900
GRAND TOTAL...	556	700	1,601	—	677	—	3,744	735	11	210	6,590	645	62	250	135	142	82	3	279	395	6,870	40

TABLE No. 12.—EXPENSES.

NAME OF HOSPITAL.	Salaries.		Rations.		Equipments		Instrument and drugs.		Other Expenses.		TOTAL.	
	L.E.	Mills.	L.E.	Mills.	L.E.	Mills.	L.E.	Mills.	L.E.	Mills.	L.E.	Mills.
Qasr el 'Aini	20,547	295	17,809	101	7,260	250	22,009	152	3,514	464	71,140	262
Alexandria	13,124	742	7,096	882	3,128	463	6,702	713	2,166	676	32,290	476
Port Said	4,370	108	4,128	966	1,146	423	1,996	978	615	523	12,757	998
Suez	4,484	495	2,052	564	729	502	1,054	614	685	809	9,456	984
Damietta	1,818	163	1,092	105	702	898	712	545	206	192	4,531	903
Damanhûr	2,073	706	1,315	118	824	414	594	583	468	896	5,276	717
Tanta	3,261	309	2,345	346	704	982	2,151	319	791	819	9,254	775
Mansûra	3,301	648	2,512	236	814	79	1,330	968	320	824	8,288	755
Zagazig	3,038	241	1,379	173	976	751	1,132	751	270	807	6,797	723
Shebîn el Kôm	2,031	824	1,570	438	301	770	557	281	453	824	4,915	137
Benha	1,965	10	1,309	571	778	441	1,091	531	188	703	5,333	256
Qalyûb	1,580	159	662	753	250	701	525	174	76	796	3,095	583
Faiyûm	2,178	95	1,309	7	268	670	600	823	98	71	4,454	666
Beni Suef	2,061	747	1,237	210	692	707	851	665	264	578	5,107	907
Lamloum (Maghagha)	640	677	1,294	365	213	645	305	384	52	564	1,506	635
Minya	2,188	64	1,509	252	547	431	837	53	137	63	5,308	863
Asyût	3,285	96	2,427	533	778	166	2,396	531	467	282	9,353	608
Tabta	827	450	566	259	120	132	635	921	34	465	2,184	227
Sûhâg	1,852	692	1,516	327	378	627	1,281	4	150	178	5,178	828
Qena	1,932	20	1,182	934	465	186	893	836	119	963	4,593	939
Luxor	1,076	785	482	298	152	595	297	364	153	175	2,162	217
Isna	1,336	285	398	11	190	176	229	711	116	903	2,271	86
Aswân	1,455	746	969	648	359	891	657	178	219	402	3,661	865
Hôd el Marsûd	1,707	166	2,371	685	1,079	994	244	316	484	741	5,887	902
Gabbary	1,254	581	1,343	72	425	566	299	541	307	69	3,629	829
TOTAL	83,893	104	59,430	854	23,241	460	49,388	936	12,365	787	228,370	141

TABLE NO. 13.—GENERAL STATISTICS TOGETHER WITH COST OF MAINTENANCE PER PATIENT.

Name of Hospital.	Number of beds.		Number of In-patients.	Number of days of treatment.	Total Annual Expenses.		Cost of patient per day.	Cost of patient per Annum.	
	Patients.	Officials.			L.E.	Mill.		L.E.	Mill.
Qasr el 'Ainy ...	747	133	16,162	251,584	71,149	162	284	103	660
Alexandria	435	30	9,419	111,145	32,219	476	290	105	850
Port Said	163	15	3,115	52,836	12,757	998	241	87	965
Suez... ..	202	7	3,463	28,702	9,456	984	244	89	60
Damietta	98	14	1,376	30,841	4,531	903	147	53	655
Damanhûr	97	3	2,056	26,734	5,276	717	197	71	905
Tanta	150	4	3,480	50,843	9,254	775	182	66	430
Mansûra	153	3	3,145	51,342	8,288	755	161	58	911
Zagazîg	106	4	2,537	33,658	6,797	723	202	73	730
Shebîn el Kôm ...	80	1	2,126	27,247	4,915	137	180	65	700
Benha	89	—	2,511	34,547	5,333	256	154	56	210
Kalyûb	59	—	1,063	17,975	3,095	583	172	62	780
Faîyûm	80	1	1,479	26,637	4,454	666	167	60	955
Beni Suef	84	2	1,345	25,801	5,107	907	198	72	270
Lamloum (Sgha-gha)	12	—	379	3,979	1,506	635	379	138	189
Minya	79	1	1,522	30,155	5,308	863	176	64	240
Asyût	184	3	3,777	61,070	9,353	608	153	55	845
Tahta	15	—	461	8,206	2,184	227	266	97	90
Suhâg	73	1	1,483	23,714	5,178	828	218	79	570
Qena	71	1	1,443	25,372	4,593	939	181	66	65
Luxor	26	—	483	7,747	2,162	217	279	101	835
Esna	31	—	681	8,965	2,271	86	253	92	345
Aswân	44	2	719	13,549	3,661	865	270	98	550
TOTAL	3,078	225	64,225	952,649	218,852	410	230	83	950
Hod el Marsûd ...	229	21	3,138	64,522	5,887	902	91	33	215
Gabbary	134	3	706	32,020	3,629	829	113	41	245
GRAND TOTAL ...	3,441	249	68,069	1,049,209	228,370	141	209	76	285

TABLE No. 14.—EXPENSES OF ANKYLOSTOMA HOSPITALS AND CLINICS, 1926.

Name of Hospital or Clinic.	Salaries.		Equipments.		Instruments and Drugs.		Water, Light etc.		Transport Expenses.		Other Expenses.		TOTAL.	
	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.
Ank. Hosp. :—														
Cairo	375	534	260	800	185	169	69	677	—	—	—	—	891	190
Qalyûb	800	36	58	818	59	838	20	905	3	310	2	220	945	127
Mansûra	522	680	31	218	112	788	—	—	1	665	10	20	678	371
Benha	636	960	147	172	116	488	1	980	—	—	—	—	902	600
Tanta	667	640	116	752	24	961	81	730	43	96	2	705	936	884
Damanhûr	612	207	343	313	—	—	27	921	—	—	3	880	987	321
Damietta	560	323	34	999	53	363	—	—	—	—	9	309	657	994
Trav. Ank. Hosp. :—														
No. 1	702	715	186	721	54	86	9	850	19	80	30	750	934	202
„ 2	671	867	154	517	82	332	14	231	2	670	2	890	928	507
„ 3	686	907	390	849	150	799	14	596	10	15	56	265	1,309	431
„ 4	641	754	83	625	112	147	26	820	—	—	10	597	874	943
„ 5	202	51	610	237	147	862	28	950	16	260	12	180	8,017	540
„ 6	38	574	299	593	150	436	—	—	1	490	4	525	494	618
Ank. Hosp. :—														
Menûf	386	400	—	—	81	31	—	—	9	979	59	919	537	329
Nag ^c Hamadi ...	527	309	89	852	88	425	—	—	30	515	16	680	752	781
Zagazîg	650	529	532	662	217	414	24	750	—	—	113	113	1,538	468
Minya el Qamh ...	110	90	278	154	45	33	—	—	—	—	2	394	435	671
Ank. Clinics :—														
Cairo	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alexandria	34	45	126	261	2	271	—	—	1	520	3	280	167	377
TOTAL	8,828	621	3,675	553	1,684	443	321	410	139	600	340	727	14,990	354

TABLE NO. 15.—LIST OF ANKYLOSTOMA AND BILHARZIA CASES TREATED DURING 1926.

NAME OF HOSPITAL OR ANNEX.	Result of Microscopical Examination after Treatment.				Number of Old Patients Treated.		Number of New patients given Medicines.		Negative for all Parasites.	Negative after Examina- tion of urine and stools	Examination of Stools of new cases.						Exam. of Urine of New Cases.		Number of New Cases					
	Bilharzia.		Ankylostoma.		Bilharzia.	Ankylos- toma.	Bilharzia.	Ankylos- toma.			Positive for Parasites.	Positive for other Parasites.	Positive for Bilharzia.	Positive for Ankylostoma.	Number of specimens of stools examined.	Positive for Bilharzia.	Number of specimens of Urine examined.	Total.	Males over 12 years.	Males below 12 years.	Females over 12 years.	Females below 12 years.		
	Total.	Positive.	Negative.	Total.																			Positive.	Negative.
Cairo	1,910	90	1,820	2,178	674	1,504	834	4,569	6,581	1,945	2,920	778	351	62	151	2,638	7,540	7,740	4,553	1,131	1,576	482		
Qalyūb	2,258	699	1,559	5,040	1,097	3,943	5,040	6,026	12,920	1,606	3,711	1,248	4,063	83	191	6,391	12,920	12,920	6,336	1,883	3,478	1,223		
Mansūra... ..	2,755	499	2,256	2,421	946	1,475	48,350	5,502	7,064	632	1,168	209	1,513	43	3,231	2,387	7,064	7,064	4,421	759	4,498	386		
Benha	1,568	302	1,266	5,910	634	5,276	45,240	7,920	14,368	1,356	2,014	80	7,037	68	229	9,702	14,705	14,971	9,507	1,107	3,673	863		
Tanta	2,029	658	1,361	2,946	948	1,998	58,530	7,180	14,065	4,162	3,700	238	6,481	296	2,238	4,328	14,066	14,066	7,520	1,407	1,263	876		
Damietta	1,062	153	909	3,313	688	2,625	25,007	3,481	6,073	375	1,751	1,030	2,734	47	3,411	2,572	6,536	6,537	2,847	1,024	1,744	922		
Zagazig	3,843	668	3,175	11,104	1,976	9,228	51,963	8,851	17,000	—	6,271	347	7,513	17	2,436	6,030	17,000	11,200	9,762	1,899	3,916	1,423		
Damanhūr	615	104	511	1,070	193	877	29,097	4,270	6,890	—	1,457	324	1,933	71	3,311	690	6,890	6,890	3,931	700	1,762	491		
Menūf	2,112	545	1,567	2,755	206	2,549	24,777	3,992	5,805	511	2,566	3	2,181	44	1,008	2,945	5,882	5,882	3,224	765	1,454	439		
Kom Hamada ...	1,658	340	1,318	581	78	503	42,402	5,510	10,400	1,407	5,223	246	4,099	—	2,563	1,871	10,552	10,552	6,095	1,033	2,688	470		
Beni Suef	4,295	1,309	2,986	6,920	1,828	5,092	49,811	8,074	9,131	1,824	3,489	865	418	382	5	7,242	13,365	13,851	7,736	1,887	3,234	1,183		
Faiyūm	3,078	1,064	2,014	2,847	1,049	1,798	46,103	7,672	10,614	1,294	6,599	478	293	334	—	4,014	10,613	10,614	6,419	1,584	2,335	852		
Aga	444	46	398	932	332	600	9,641	1,563	3,256	529	1,159	10	1,391	8	516	1,126	3,256	3,256	2,146	297	663	150		
Hihia	1,219	153	1,066	2,060	695	1,365	15,974	2,845	5,582	672	1,680	11	2,482	30	836	2,566	5,582	5,582	3,561	580	1,140	301		
Asyūt	104	10	94	1,358	819	539	4,330	789	3,819	1,329	1,620	349	236	28	6	1,833	3,819	3,819	2,248	295	1,042	234		
Nag-Hamadi	410	75	335	3,038	733	2,305	17,408	3,820	8,215	1,555	3,987	217	93	81	—	3,842	7,829	8,202	4,852	1,746	1,024	610		
Shebin-El-Kom ...	25	2	23	520	127	393	2,448	552	871	66	208	70	481	1	14	456	871	871	521	90	192	68		
Minya-El-Qamh ...	1,136	77	1,059	2,131	397	1,734	14,200	1,980	3,308	941	417	97	1,619	—	169	2,161	3,038	3,038	1,949	300	639	151		
Alexandria Branch	178	60	118	220	70	150	5,085	665	1,291	554	544	359	292	6	126	215	1,291	1,291	866	97	236	92		
GRAND TOTAL...	30,699	6,804	23,835	57,444	13,490	43,954	567,535	852,881	146,453	20,758	50,484	6,939	45,210	1,601	20,441	63,009	152,819	138,346	88,500	18,584	36,555	11,486		

TABLE NO. 16.—CHILDREN'S DISPENSARIES.
(Cases and Attendances 1926.)

Dispensary.	New Cases.	Old Cases.	Total Attendances.	Period.
Damanhûr	6,375	16,213	22,588	298
Tanta	12,268	18,404	30,672	275
Mansûra	15,317	22,297	37,614	303
Zagazîg	8,958	48,243	57,201	296
Shibin el Kôm	10,623	25,798	36,421	295
Tûkh	5,683	28,927	34,610	245
Faiyûm	8,601	26,541	35,142	302
Beni Suef	9,359	20,254	29,613	288
Beba	5,542	46,805	52,347	281
Wasta	2,533	16,967	19,500	198
Minya	9,245	17,382	26,627	292
Port Said	10,309	32,950	43,259	295
Asyut	9,569	5,695	15,264	299
Qena	54	48	102	9
Total	114,436	326,524	440,960	Average 263
Total in 1925	104,126	354,980	459,106	Average 251
Increase or Decrease	+ 10,310	— 28,456	—18,146	+ 2

TABLE NO. 17.—CHILDREN'S DISPENSARIES.
(*Analysis of Cases treated during 1925.*)

CASES.	Damauhūr.	Tanta.	Mansūra.	Zagazig.	Shibīn el Kōm.	Tūkh.	Faiyūm.	Beni Suef.	Biba.	Wāsta.	Minya.	Port Said.	Asyūt.	Kena.
Eyes	—	—	—	37	—	1,007	35	1	917	424	946	—	25	1
Skin	568	840	1,162	1,489	1,157	484	1,066	1,381	802	454	889	1,184	2,300	11
Ears	161	331	1,119	276	440	217	221	1,032	190	185	176	363	315	4
Chest	1,233	2,766	3,926	2,511	1,449	343	1,356	1,329	529	147	2,377	1,773	1,246	6
Abdomen	2,971	4,614	5,521	4,411	5,453	1,671	5,248	2,080	2,276	1,061	4,088	5,762	3,869	21
Surgical	437	343	181	1	185	349	139	18	107	88	263	856	630	6
General	308	2,138	3,098	100	335	609	335	3,450	492	165	174	242	734	4
Syphilis	9	101	26	—	40	48	30	—	4	—	68	—	174	—
Worms	618	1,008	246	—	1,477	821	98	16	216	—	132	102	211	—
Infectious	70	127	38	133	87	134	82	58	9	9	132	27	65	1
TOTAL Number of New Cases	6,375	12,268	15,317	8,958	10,623	5,683	8,601	9,359	5,542	2,533	9,245	10,309	9,569	54
Number of Old Cases	16,213	18,404	22,297	48,243	52,789	28,927	26,541	20,254	46,805	16,967	17,382	32,950	5,695	48
TOTAL	22,588	30,672	37,614	27,201	36,421	34,610	35,142	29,613	52,347	19,500	26,627	43,259	15,264	102
Number of Working Days	298	275	303	296	295	245	302	288	281	198	292	295	299	9

TABLE NO. 18.—SCHOOLS FOR DAYAS.
(Statistics for 1926).

Cases.	Damanhûr	Tanta.	Mansûra.	Zagazîg.	Shibûn el Kôm.	Faiyûm.	Beni-Suef.	Minya.	Suhâg.	Cairo.	TOTAL.
Deliveries	435	1,089	635	635	598	287	828	323	203	135	5,168
B. B. A.	45	2	31	13	178	—	1	17	—	13	300
Abortions	3	17	3	5	54	3	6	20	—	12	123
Primipara	73	227	194	108	123	68	125	66	22	27	1,033
Abnormal	7	1	2	28	8	7	3	15	6	4	81
Premature Births ...	5	31	11	15	12	18	10	8	3	—	113
Still born	10	39	7	28	23	19	15	26	15	4	186
Deaths { Mother ...	—	—	1	2	1	3	1	3	—	2	13
{ Child ...	2	—	—	1	3	5	12	—	—	—	23
In-Patients	3	—	9	16	18	1	—	2	1	7	57
Total Number of Cases	583	1,406	893	851	1,018	411	1,001	480	250	204	7,097
Number of visits of Matrons and Dayas.	4,946	7,138	2,463	5,770	4,786	2,819	4,047	2,975	1,421	950	37,315
Number of Working days	329	268	346	294	292	235	323	312	299	184	2,882
Number of Dayas trained	18	38	19	32	20	15	7	10	6	—	165
Number of Dayas passed	18	38	19	30	20	15	7	10	5	—	162

TABLE NO. 19.—DETAILS OF DISEASES

SECTIONS.	Qasr el- Aini.	Alexandria.	Port Said.	Suez.	Damietta.	Damanhūr.	Tantah.	Mansūra.	Zagazig.	Shelūn El Kôm.
<i>Medical :—</i>	<i>Please see separate details.</i>									
Alimentary :—										
Diseases of stomach		88	12	9	—	28	17	63	38	23
Tuber-peritonitis ...		16	6	5	—	2	4	—	4	1
Dysentery		96	61	103	1	32	10	2	16	16
Diarrhœa and ente- ritis		111	20	27	—	13	45	1	16	8
Liver		91	22	19	5	19	17	37	11	12
Other diseases ...		37	48	36	—	6	7	24	—	5
Respiratory :—										
Pneumonia		76	19	47	3	7	11	8	4	4
Phthisis		183	36	31	5	9	14	10	7	12
Pleurisy		46	12	8	1	2	2	1	2	—
Other diseases ...		191	91	107	12	34	54	37	41	43
Circulatory :—										
Heart		151	56	28	3	21	45	8	8	33
Other diseases ...		6	2	5	—	2	5	1	—	—
Urinary :—										
Nephritis		87	18	29	1	15	20	40	12	26
Other diseases ...		140	64	33	12	7	57	43	86	53
Blood :—										
Spleen		73	140	32	—	23	46	37	21	4
Other diseases ...		—	28	15	—	2	6	—	—	8
Nervous :—										
Brain		78	8	26	—	5	21	13	1	1
Spinal cord		17	1	2	—	1	5	2	—	3
Other diseases ...		48	26	5	1	6	24	3	20	10
Constitutional :—										
Rheumatism		74	30	13	8	19	34	17	44	18
Diabetes		25	11	4	1	—	4	1	2	6
Senility		59	22	20	—	2	13	15	3	1
Debility		51	37	27	4	31	18	7	15	2
Parasitic :—										
Malaria		25	2	—	—	7	7	—	4	1
Ankylostomiasis ...		18	25	114	19	11	26	36	24	78
Filaria		7	—	—	—	—	—	—	1	—
Pellagra		77	45	21	2	59	29	40	14	18
Poisoning :—										
Alcohol		214	20	5	—	6	58	42	11	2
Other poisons... ..		195	57	21	3	34	65	8	16	21
Lunatics		271	47	13	—	53	61	30	18	—
Other medical diseases		136	106	813	48	36	95	91	116	67
<i>Surgical :—</i>										
Fractures :—										
Simple		344	89	38	32	59	111	96	87	87
Compound		158	22	32	23	43	77	51	41	32
Tumours :—										
Malignant		72	9	15	1	14	34	7	27	13
Non-malignant ...		27	9	45	3	6	18	1	22	18
Traumatic injuries ...		655	161	92	153	405	496	512	339	534
Burns		154	62	21	21	23	84	56	28	43
Bilharziasis		99	227	145	272	226	175	314	133	48
Fistula in ano		146	79	28	37	38	70	79	54	32
Liver abscess		9	8	—	1	1	3	—	—	—
Hernia		576	205	75	63	59	195	241	157	126
Hæmorrhoids		462	124	32	28	40	197	144	109	117
Appendicitis		43	22	7	—	—	7	—	4	4
Vesical calculus ...		54	35	11	8	20	53	55	72	26
Other surgical diseases		1,253	408	186	221	296	610	675	658	357
Ophthalmic		399	89	134	286	—	1	10	—	—
Skin Diseases... ..		395	35	41	18	37	23	31	38	30
Syphilis		271	99	78	19	76	65	81	28	34
Gonorrhœa... ..		48	161	234	5	150	279	107	41	15
Soft Chancres		—	—	—	—	—	—	—	—	—
Midwifery		90	45	11	2	13	45	5	21	11
Gynæcological diseases...		225	85	42	22	25	73	33	69	70
Foundlings		59	—	—	—	2	3	—	—	—
Relatives accompanying patients		290	69	142	22	41	51	30	54	53
Under observation and found normal		145	—	64	—	—	—	—	—	—
Fevers		758	—	372	—	—	—	—	—	—
TOTAL	16,162	9,419	3,115	3,463	1,376	2,056	3,480	3,145	2,537	2,126

TREATED IN GENERAL HOSPITALS DURING 1926.

Benha.	Qalyûb.	Fayûm.	Beni Suef.	Maghagha.	Minya.	Asyût.	Tahta.	Sûhâg.	Qena.	Luxor.	Isna.	Aswân.	TOTAL.
5	5	24	3	—	15	28	—	5	17	—	1	2	383
7	2	3	2	—	1	2	1	—	2	—	—	—	58
14	12	8	2	2	7	21	8	8	26	4	3	22	474
23	1	11	6	1	11	—	30	6	19	1	4	—	354
17	13	5	7	—	11	25	1	7	14	5	5	1	344
34	11	10	2	—	1	5	—	6	1	6	1	3	243
5	4	6	2	5	6	16	2	4	—	2	2	6	239
8	4	5	3	—	3	11	5	6	9	2	8	9	380
1	—	—	—	—	1	5	—	—	1	1	—	1	84
67	14	24	17	5	21	89	8	24	34	11	16	18	958
25	17	7	5	6	4	33	14	19	11	3	9	4	510
3	2	3	—	1	—	—	—	2	—	3	—	—	35
50	25	6	8	5	9	17	12	12	22	12	6	4	436
17	22	35	20	10	18	18	—	2	15	—	—	8	660
12	19	17	—	1	2	5	1	1	1	—	—	1	436
11	5	2	—	—	5	8	—	1	—	26	—	—	117
—	3	—	4	—	—	—	—	—	6	—	1	—	167
—	1	—	—	—	1	—	—	3	2	—	—	—	38
29	4	7	8	3	7	51	2	14	14	2	1	4	289
32	9	8	8	—	19	29	4	16	15	3	16	5	421
4	1	2	1	—	3	19	5	6	9	2	3	2	111
6	1	2	2	—	2	—	—	1	6	—	2	7	164
55	1	2	23	4	13	7	5	6	19	—	3	12	342
3	2	38	1	1	2	1	1	—	3	—	—	1	99
175	34	39	33	12	31	143	30	79	365	84	100	8	1,484
—	—	—	—	—	—	—	—	—	1	—	—	—	9
31	15	10	18	1	16	22	—	10	14	14	5	1	462
7	—	12	1	1	—	20	6	—	1	1	—	7	414
16	5	10	17	1	7	57	3	18	3	—	1	9	567
8	2	27	8	—	27	34	—	31	17	—	2	16	655
73	6	46	14	17	80	102	11	24	14	31	22	84	2,032
65	15	78	64	17	111	185	10	64	38	18	19	30	1,657
44	24	76	47	10	113	131	8	64	23	9	11	9	1,048
15	33	6	8	1	11	26	1	14	9	—	6	1	323
19	29	17	12	—	8	—	1	13	23	—	16	1	288
364	113	351	344	63	320	1,071	97	247	190	64	32	125	6,728
28	9	39	26	—	23	87	10	20	13	4	2	9	762
178	98	17	56	1	111	147	8	20	112	34	79	25	2,525
42	31	13	25	14	12	31	1	12	15	2	3	6	760
2	—	1	1	—	4	—	1	—	—	—	1	—	32
173	106	73	88	72	46	140	9	98	44	13	20	12	2,591
142	16	33	28	16	36	36	12	19	15	26	15	28	1,685
6	—	1	2	—	1	—	1	3	—	—	—	1	102
20	24	32	30	23	19	20	3	12	20	10	9	10	566
529	268	181	183	64	173	608	103	306	124	59	82	137	7,484
—	—	2	—	—	—	1	—	—	—	—	72	6	1,000
20	2	51	7	—	17	40	—	39	9	2	2	5	842
22	3	30	37	—	30	72	13	57	28	3	20	15	1,081
25	—	34	80	—	117	282	3	108	73	3	67	25	1,857
—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	4	9	6	—	9	17	2	6	1	1	—	1	305
41	26	48	52	14	17	67	6	27	14	6	5	18	988
—	—	—	—	—	—	—	—	—	—	—	—	—	64
29	22	15	34	8	21	48	23	43	31	16	9	20	1,071
—	—	—	—	—	—	—	—	—	—	—	—	—	209
—	—	—	—	—	—	—	—	—	—	—	—	—	1,130
2,511	1,063	1,479	1,345	379	1,522	3,777	461	1,483	1,443	483	681	719	64,225

Kasr El-Aini Hospital.

The number of In-Patients admitted was 15,513. The following table shows continuous increase in the number of In-Patients admitted in the Hospital during the last five years :—

Year.	Number of In-Patients
1922	13,074
1923	13,760
1924	14,534
1925	14,934
1926	15,513

The Death rate was 7. 7. per cent.

The number of Out-Patients was 363,346 against 194,118 in 1925. These were as follows :—

	New	Old.
Surgery	29,243	37,105
Medical	72,741	63,336
Eyes	21,448	26,275
Skin	8,722	9,491
Venereal	6,951	15,917
Nose, Ear and Throat	4,097	3,608
Gynaecology	16,500	32,172
Children	7,737	8,003
TOTAL	167,439	195,907

MEDICAL IN-PATIENTS.

ADMISSIONS.

The total number of admissions in the Medical Side is 5,442 more than one third of the total in-patients of the hospital ; of these 1,285 are females and the rest are males.

The following list of Medical In-patients in the last three years will show the progressive increase in the number of admissions :—

1924	4,641
1925	5,236
1926	5,442

The number of the beds is still the same and many cases that require admission were refused and at the same time we were obliged to discharge cases before completing their treatment to make space for more urgent cases.

The number of cases suffering from Pulmonary Tuberculosis is high, in spite of refusing cases that can be returned to the care of their relatives outside ; only very bad cases are accepted and often we were obliged to keep them in the wards amongst the patients, the special ward being not sufficient.

Mental diseases are again a great trouble to the Hospital, their number is great and are a source of trouble to the patients and the Staff of the Hospital. An observation place somewhere near the Asylum will relieve us very much.

Poisons and Fevers stand high in the list.

DEATHS.

The total number of deaths is 537, *i.e.* about 10 per cent of all admissions, pulmonary tuberculosis and heart failure form a good part of this percentage.

This high death rate is mainly due to the fact that the great majority of cases admitted to the Hospital are the severe and bad cases, while cases amenable to treatment are usually refused for lack of accommodation. Again many patients do not come to the Hospital until their condition becomes too advanced and hopeless.

NERVOUS SYSTEM.

The total number of admission was 773, of those 611 males and 51 deaths. Insanes were 294.

RECENT METHODS OF TREATMENT.

(1) Epidural Injections of Antipyrin (40 per cent) 10 c.c. in Sciatica.

Several cases of sciatica that had resisted ordinary treatment have been treated in this way under the directions of Prof. Biggam with actual benefit.

A female with two months history of severe sciatica came to the Hospital on crutches, her condition rapidly improved after the first injection which was not repeated and she was discharged cured.

The method is fairly easy, an ordinary stovaine needle was used and the injection was made through the notch at the lower end of the sacrum ; the only difficulty was in getting the point of the needle in the proper space between the dura and the bone as shown by the absence of C.S.F. after withdrawing the stillate and by the considerable force required to push the fluid through.

(2) Malaria in treating G.P.I.

It is said that more than 30 per cent of cases of G.P.I. are benefitted by this form of treatment. We have tried it in two cases with no apparent result.

About 3 c.c. of blood from a case of malaria were injected intravenously.

INTERESTING AND SPECIAL CASES.

Brain.

1. Cerebral Tumours.

Five cases were admitted, two are not included in the list, one of which died in the Ophthalmic, and the other in the Surgical Side. In both the diagnosis was verified in the P.M. :—

(a) N.A., a female, age 20 years, history of headache and vomiting since two months with progressive loss of vision. Examination revealed the presence of paresis in the left lower half of the face and doubtful Babinski on left side. The case was diagnosed as a tumour in the right temporal area. The patient died suddenly on January 8, 1926. On P.M., a tumour, the size of a pigeon's egg was found in the right hemisphere at the floor of the lateral ventricle with recent haemorrhage inside and outside it. On pathological examination it was a glio-sarcoma.

(b) D.E. a female, age 30 years, complains of persistent dull headache, vomiting, diminution of vision, giddiness and tendency to sway to the right side, slight nystagmus and slight weakness of right lower limb. The case was diagnosed as intracranial tumour and was sent to the Surgical Side where ventriculography was done. This showed the presence of deformity of the posterior horn of the left lateral ventricle. Patient died sometime after the operation and on P.M. a tumour was seen in the left cerebral hemisphere bulging from the upper surface of the cerebellum.

Hemiplegia.

144 admissions, the males 102 and the deaths 18.

Meningitis.

Ten cases were admitted, of these three were cerebrospinal fever and were sent to Fever Hospital.

A case of pachymeningitis haemorrhagica.

Patient F.S. a male, 50 years old, was admitted in a state of coma. History, from relatives, of severe headache for several days, patient suddenly became unconscious six days before admission, but regained consciousness few hours later and remained somewhat drowsy. On the day of admission he suddenly became comatose and was brought to the Hospital in this condition. On examination, there was distinct paresis of left side, right pupil semidilated and fixed, left contracted and inactive, deep reflexes brisk on the left side with a doubtful babiniski, abdominal reflexes absent, no control on sphincters. In the Hospital, patient improved slightly and was able to understand orders; he suddenly developed temp. for three days and became more drowsy and passed into coma from which he did not recover and died 11 days after admission. C.S.F. was clear and the leucocytic count normal.

On P.M. the dura was found to be markedly thickened at the vertex on the right side and a fairly thick layer of clot deposited on its inner surface exactly over the motor area. The clot was slightly adherent to the dura but not to the arachnoid; the cerebral convolutions under the clot were slightly flattened but the rest of the brain appeared normal.

Pontine Haemorrhage :

Three cases were admitted and all died. They all presented the typical picture of bilateral paralysis.

RESPIRATORY SYSTEM.

Admissions 742, deaths 159, of these deaths pulmonary tuberculosis alone makes 95

RECENT METHODS OF TREATMENT.

Gold salts in the treatment of Pulmonary T.B.

Seven cases have been treated with gold salt preparations of which :

Five cases with Tripal under the direction of Prof. Azmy Bey, of these cases, three were very successful and the patients were discharged practically relieved of their symptoms and the signs nearly disappeared. One patient, feeling better, refused to continue the course and was discharged improved. The fifth case, who was a female Sudanese with a prolonged history and advanced lesion in the lungs and intestine did not improve under the treatment and was discharged in a worse condition.

The other two cases have been treated with Sanocrysin, one by Dr. Erfan and the other by Dr. Abdel Aziz Ismail. That of Dr. Erfan developed nephritis during the course, which was accordingly stopped, the other one of Dr. Ismail showed amelioration of symptoms but no marked change in the signs.

RECENT METHODS OF DIAGNOSIS.

Intratracheal Injections of Lipiodol.

Lipiodol is a 40 per cent solution of iodine in poppyseed oil and is opaque to the X-Rays. Patient gives valuable information as regards the extent and seat of the lesion in bronchiectasis and may be the only way of diagnosing it, visualises tubercular cavities and shows exactly the seat of obstruction in a bronchus if there is any. A number of cases has been done under the direction of Prof. Biggam with very good results. A stout needle with a wide bore and a 10 cc. syringe were used; the method is fairly easy and the only difficulty was in forcing the oil through the needle. In one case the injection was tried through the upper part of the trachea just below the cricoid cartilage, in the rest it was given through the cricothyroid membrane and this was found to be the most anaesthetising the trachea with five per cent cocaine solution and the patient X-Rayed as soon as possible in the erect and supine positions.

INTERESTING AND SPECIAL CASES.

Spirochetosis of Lungs.

Five cases of Spirochetosis of lungs were spotted, four in Prof. Azmy's beds and one in Dr. Abdel Aziz Ismail's. All of them came complaining of chronic cough, two with blood stained expectoration, three with hectic temperature and the other two with normal temp. Two cases were complicated with pleural effusion as well.

Examination of their chests showed signs of bronchitis, crepitations were demonstrated in four cases, in one of them they were very suggestive of T.B. signs of breaking down consolidation at right apex, which made us repeat the examination of the sputum for T.B. all with negative results. Sputum was repeatedly examined for tubercle bacilli with negative result in all cases ; examination was positive for spirochetis.

Bronchiectasis.

Five admissions, two died, one of which was interesting: A male, 25 years old, admitted with high fever and marked dyspnea ; examination showed the presence of area of diminished note and crepitations on the right lung. a patch of marked hollow breathing just around right nipple, marked clubbing of fingers, sputum little and not offensive. On P.M. the bronchi of the right lower lobe were found to be markedly dilated and the pleura over the same region much thickened and adherent to the chest wall.

TUMOURS OF LUNGS.

1. *A Case of Primary Sarcoma of Lungs.*

Patient female, 45 years old, came to the Hospital complaining mainly of severe radiating pain in the right upper limb, which sometimes prevented her from sleeping; in addition, there was some cough and emaciation.

Examination of the chest showed an area of impaired resonance in the right upper lobe with diminished tactile fremitus and breath sounds. Glands were present in right axilla. The case was diagnosed as intrathoracic growth.

X-Ray examination showed a definite shadow of a tumour in the right upper lobe and mediastinum was free. Pathological diagnosis of a gland removed from the axilla was sarcoma.

2. *A Case of Secondary Sarcoma of Lungs.*

Patient male, 40 years old, came to the Hospital complaining of cough with blood stained sputum and dyspnea. There was a previous history of an operation done to remove a tumour, in right calf, which recurred again. Examination of the chest showed a big area of dullness in the base of the left lung with diminished tactile fremitus and breath sounds, enlarged glands were present in both axillae.

A needle was put to exclude fluid which proved to be absent and X-ray examination showed scattered areas of deposit in both lungs.

MEDIASTINAL GROWTHS.

Six admissions, one was a case of enlarged tuberculous glands associated with pulmonary tuberculosis, the rest were malignant in one of them, the glands were secondary to cancer of larynx and the rest were diagnosed as lympho-sarcoma.

The following is a picture of one of them :—

N.I., is a female, 30 years old, suffering from intermittent pain in her chest, especially under left nipple, change of voice, slight cough with occasional hoemoptysis, hard painless masses in the left axilla and to the right of the left breast, absence of sweating in the left half of face, neck and chest, marked prominence of veins in same region and swelling of left breast and forearm. History of one and half years. Examination showed marked diminution in size of left side of chest which was motionless, dull on percussion with absence of tactile fremitus and breath sounds, save in a small area at the apex where the breathing was bronchial. Patient ran a slight irregular fever during her presence in the Hospital; the leucocytic count and B.P. were normal. Pathological examination of one of the masses showed that it was malignant, probably a sarcoma, and the X-Ray showed a deep shadow occupying all the left side of chest which was distinctly smaller in size than the right, the heart and mediastinum were pushed to the right side. Examination of the larynx showed abductor paralysis.

CIRCULATORY SYSTEM.

Admissions 475, deaths 91 mostly from heart failure.

RECENT METHODS OF TREATMENT.

1. *Ouabain in Treatment of Heart Failure.*

During this year, intravenous strophantin in the form of ouabain has been extensively used in the treatment of heart failure in our Hospital and about 1148 ampoules of this cardiac tonic were used.

The results obtained by this treatment were more rapid and effective than in case of using digitalis by mouth. It seems that the good effects of the Ouabain are mainly due to the sure method by which it is rapidly sent to the heart, namely by intravenous injection, while in case of giving digitails by mouth we can't know exactly how much and when the drug is going to reach the heart.

Ouabain used to be given in 1/4 mg. as an initial dose to be repeated after 12 hours if the condition of the patient does not improve. In most cases we used to continue giving 1/4 mg. daily for four days, by this time the patient usually showed marked improvement and then we can give a course of digitalis.

The ouabain could be repeated later on in the course of the disease if there were indications, guided always by the signs and symptoms of every case separately.

2. *Treatment of Heart Failure with Massive Doses of Digitalis.*

A few cases of very severe heart failure have been treated with big doses of tincture of digitalis up to one drachm repeated four hourly, the patient at the same time carefully watched for appearance of signs of poisoning. only one case was benefited by this method.

ORGANIC MERCURY COMPOUNDS IN THE TREATMENT OF CARDIAC OEDEMA.

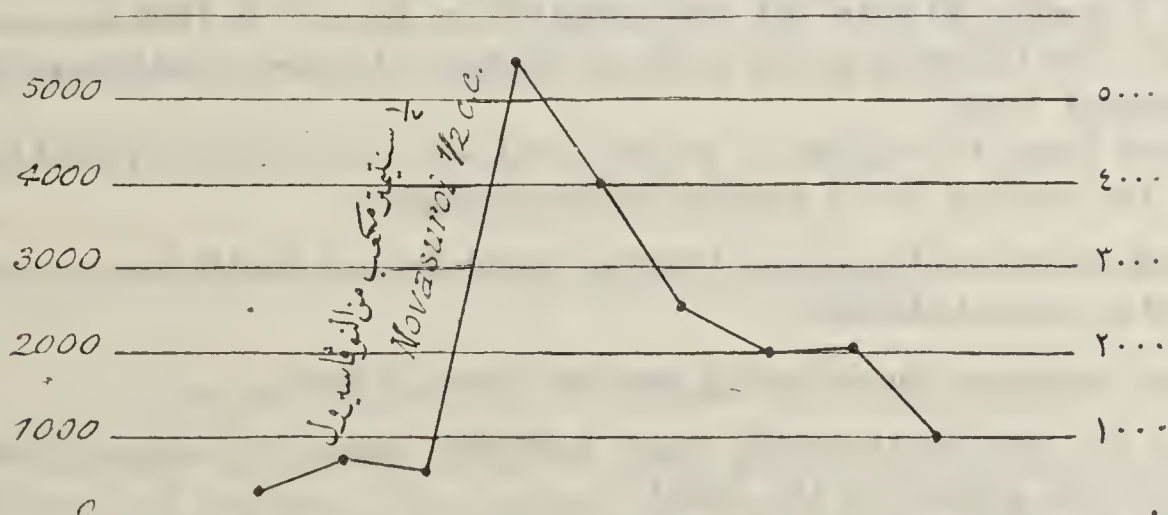
Theobromin was mainly used in the Hospital to produce diuresis and get rid of cardiac oedema.

Trial of organic preparations of mercury for this purpose gave us striking results this year ; these compounds have been used in all forms of heart failure with no bad effects, except in cases associated with glomerular nephritis.

1. *Novasural* is a double compound of sodium mercurio-chlorphenoloxyl acetate and diethyl maloryturea. Its solution 10 per cent is given intramuscularly in 1/2-2 cc., it causes very rapid and enormous diuresis and in some cases 1 cc. was sufficient to remove all the oedema the patient got in a few days.

The dose could be repeated if necessary with an interval usually not less than three days.

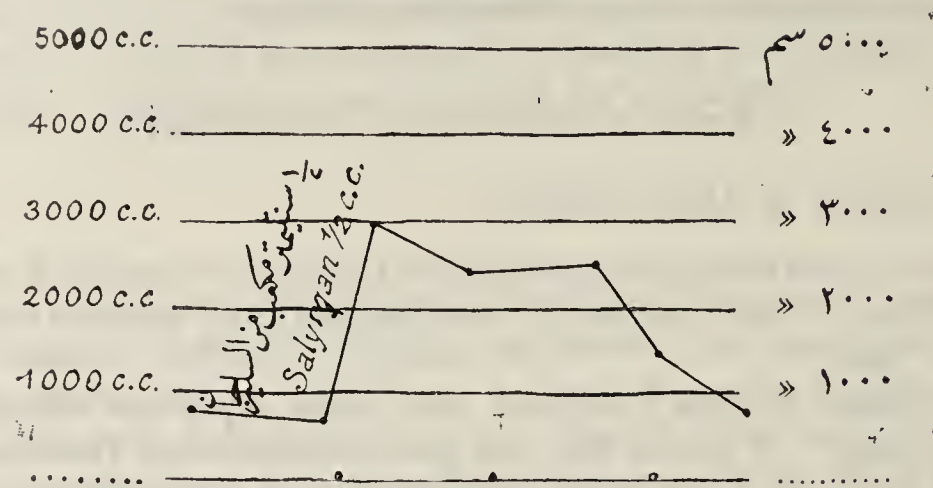
An example of urine curves in cases treated with Novasurol :



2. *Salyrgan* is a complex combination of mercury and sulicy-lallylamidoacetate of sodium in 10 per cent solution of water ; it is given in 1/2-2 cc., doses intramuscularly.

Salyrgan did not give better results, as regards diuresis than Novasural but, being less toxic, we were able to try it in cases of heart failure associated with mild forms of nephritis and up till now no bad effects were noticed, while on the other hand Novasural was tried in such cases with nephritis and caused suppression of urine in a case for 24 hours and signs of mercural poisoning in another.

A CURVE OF URINE OF A CASE OF HEART FAILURE AND NEPHRITIS TREATED WITH SALYRGAN.



Picture of the urine :—

Sp. gr.	1012
Alb.	+
Casts Hyaline ...	—
Fatty.	—
Granula	—

INTERESTING CASES.

1. Congenital Heart Disease.

Patient a boy of seven years old, father Moorish and mother Turkish was brought by his father for his severe cyanosis, dyspnoea and palpitation, fingers markedly clubbed and cold to touch. Examination of the heart showed ; apex at 5th space just internal to the nipple line, systolic thrill rather diffuse over left second, third and fourth spaces with its maximum intensity in the third space, rough systolic murmur at the inner end of the third left space transmitted towards the axilla, rough systolic murmur over the left second space conducted towards the clavicle. X-Ray showed globular appearance of the heart with increased transverse diameter :—

Erythrocytic count was markedly increased	... ..	12,250,000
Leucocytic count	... ..	10,150

The case was diagnosed as Pulmonary stenosis with Interventricular Communication.

Malignant Endocarditis.

Two cases, one was discharged and the other died.

(a) K.A. a female, 40 years old, was admitted on January 9, 1926 as a case of Mitral Regurgitation ; the following points made us diagnose the case as malignant endocarditis of the prolonged type :—

(1) Patient began to complain of general weakness and occasional rise of temperature, especially in the evening for 2½ months before admission.

(2) Systolic murmur at apex on admission, which became double later on with occasional presence of a musical element.

(3) Severe anoemia, the following was her blood picture :

Hb. four per cent erythrocytic count 3,600,000, leucocytic count 26,000, and diplostreptococci were present in the blood.

(4) Slight irregular temperature with sensation of cold and tendency to shiver.

(5) Signs of pulmonary embolism in right lung.

(6) Liver and spleen were plus.

(7) Quantity of urine 700–800.

(8) History of acute rheumatism, six years old.

This patient was discharged.

(b) A female, 20 years old, suffering from high fever, cough, hurried breathing and marked toxoemia. Examination revealed the presence of scattered Broncho-pneumonic patches in both lungs. Urine was scanty, highly albuminous and containing a lot of blood casts and R.B.C. On auscultating the heart a soft systolic murmur was heard over the lower part of the sternum. The liver was markedly enlarged and tender, spleen not enlarged.

On P.M. the left side of the heart was found normal, the right side showed marked vegetative endocarditis of the tricuspid valve. The lungs showed scattered patches of consolidation with suppuration and abscess formation and the kidneys were inflamed

HEART FAILURE.

337 admissions, 93 died and the rest discharged practically recovered from the failure. The failure in the majority of the cases was secondary to Chr. Bronchitis and the cases usually arrived to the Hospital almost dying—marked cyanosis, severe dyspnoea, and rapid irregular almost imperceptible pulse.

ANEURYSM OF THE AORTA.

Seven admissions and all discharged, one re-admitted later and died.

(a) M.A.I., a male, age 35 years, suffering from severe pain in back and left side of chest, difficulty in deglutition, change of voice, insomnia and progressive emaciation and cough. Disease started one year before admission with pain in the back, the change in the voice appeared four months before admission and the dysphagia two months later. Examination revealed the presence of dullness to the left of the fourth and fifth thoracic vertebrae B.P. right 100 left 85, W.R. and left pupil inactive, left recurrent laryngeal paralysis; X-Ray showed the presence of a large non-pulsating fusiform swelling occupying upper posterior mediastinum. Patient was relieved a little by rest and anti-syphilitic treatment and was discharged. He returned back two months later in a very bad condition and died suddenly after two days.

P.M. showed a huge aneurysm of the descending part of the arch of the aorta adherent to the vertebral column with very thick walls.

(b) M.S., a male, 50 years old, suffering from slight cough, dyspnoea on exertion and presence of a swelling the size of a pigeon's egg in the chest wall to the right of the sternum, which appeared some months ago and is increasing slowly in size. On examination, a swelling was seen to the right of sternum and occupying the distance between the third and fifth costal cartilages. The swelling is firm, dull on percussion and pulsates synchronously with the apex beat.

Above the swelling, the dullness extends over a big area of the chest to the right of the sternum in which breath sounds are absent. The heart is pushed downwards and the apex is in the seventh space. The second aortic sound is accentuated. W.R. strongly positive and B.P. is right 150 left 140. X-Ray revealed the presence of a large non-pulsating aneurysm of the lower part of ascending aorta and a general dilatation of the whole aorta.

It is remarkable that, in spite of the enormous size of the aneurysm and the marked physical signs the patient is fairly healthy and leads a normal life.

DIGESTIVE SYSTEM.

725 cases were admitted, 22 died and the rest discharged.

RECENT METHODS OF DIAGNOSIS AND TREATMENT.

Cholicystography—as a means of investigating gall-bladder disease, is extensively used in both Europe and America. Prof. Biggam introduced this method in the Hospital on a large scale and after a number of failures at the beginning due to a defect in the X-Ray apparatus, very good results were obtained later on. The intravenous route was chosen in all cases and from 3.5–4 grammes of the salt dissolved in 50 cc. of distilled water was given. The tetrabromphenolphthalin salt was tried at first but owing to the severe reaction which followed some of the injections, its use was discarded and the tetraiodo-salt is given to all cases. This was followed by no reaction in the majority of cases; in a few there was a mild reaction consisting of slight nausea and abdominal discomfort and only rarely, a strong reaction in the form of a severe rigor, sudden rise of temperature and general pain occurred.

UROTROPIN IN CHOLECYSTITIS.

Some cases of cholecystitis has been treated with benefit with large doses of urotropin up to six grms., three times daily were given. The method was to get the urine alkaline at first by large doses of Pot. Citrate and Sodium Bicarbonate and then to start with half the dose of urotropin and increase to the maximum dose in two days time.

INTERESTING AND SPECIAL CASES.

Oesophagus.

Stenosis, eight cases were admitted and all discharged.

1. *Cardiospasm.*

A.M.H. male, 28 years old, complains of difficulty in swallowing, excessive thirst, hunger and wasting, existing for more than two years. Disease started suddenly by inability to swallow, solids or liquids, this was interrupted by period of normal swallowing. Later on, the condition became permanent, food used to regurgitate back from oesophagus. Patient noticed that on some occasions he used to feel the food passing suddenly into the stomach. X-Ray showed an enormous regular dilatation of the lower part of the oesophagus. The stomach tube passed quite easily.

Stomach.

Ulcer.—18 admissions are mentioned in the report, it must be noted that the majority of them are of cases in which the diagnosis has not been confirmed.

Cancer.—Two cases were only admitted.

Intestines.

Note the extreme rarity of duodenal ulcer only one case is recorded.

A case of Idiopathic Dilatation of the colon "Hirschsprung Disease."

Patient male, 25 years old, suffering from infantilism was complaining of a tumour in the lower part of the abdomen. The condition was thought to be localised ascites and the Surgeon was asked to give his opinion. An exploratory laparotomy was done and the case was diagnosed as "Hirschsprung Disease."

The bladder was found very much hypertrophied and reaching the umbilicus, the descending colon was hypertrophied and nearly filling the abdomen.

Two cases of acute Yellow Atrophy of Liver:

Two cases of acute yellow atrophy of liver were admitted and verified by P.M. examination.

The first case, a male, 25 years old, brought to Hospital comatose, severely jaundiced with previous history of gastro-intestinal disturbance two days before admission, followed one day later by nervous symptoms, restlessness, delirium, convulsion and coma.

Liver dullness was diminished. Urine showed the presence of albumen, casts, lucin and diminished urea percentage.

The second case, a male 18 years old, admitted as catarrhal jaundice, developed the nervous manifestations one day after admission. Liver dullness showed marked diminution.

Urine examination shows the presence of albumen, cast, tyrocin and diminished urea percentage.

Liver.

Cirrhosis of liver and cirrhosis of liver with splenomegaly — figure is high, the majority of cases are discharged as not suitable for treatment.

Cancer of liver.—Five cases have been admitted, four died and one discharged.

(a) A.S.A., a male, age 35 years, complains of severe general abdominal pains in left shoulder, loss of appetite and nausea, swelling of abdomen and progressive weakness. History of two months. On examination patient was found to be markedly wasted with

a slight tint of jaundice, abdomen distended, liver very much enlarged, reaching the umbilicus, smooth, firm and tender, slight ascite and slight oedema of lower limbs. On tapping very little fluid came out at first clear, but later bloody. W.R., and there was a slight poly-morphonuclear leucocytosis.

P.M. revealed the presence of a diffuse primary carcinoma of liver.

A case of Hydatid Cyst. of Liver. Omentum and Peritonium.

A Sudanese female, 35 years of age, was admitted to the Hospital for swelling in the upper half of the abdomen.

She was suffering from colicky pains in the abdomen increased during menstruation, irregular temperature, insidious onset of about six months duration. The swelling was composed of small nodular masses in the left hypochondrium and epigastium and a still bigger tumour in relation with the liver. Chest was free. Leucocytic count was normal only four per cent eusinophilia.

Patient died before the operation, suggested by the Surgeon, and in the P.M. she proved to be : a big hydatid cyst. in the right lobe of the liver and small cysts in the omentum and surrounding peritonium.

URINARY SYSTEM.

317 admissions, 38 died and the rest discharged, most of the deaths were cases of chr. nephritis uroemia.

Renal colic alone forms 143 cases or nearly half the total admissions, of these only four are females and the rest are males. Most of the cases of renal colic were X-rayed, in few stones of ureter or kidney were detected, the rest were due to Bilharzia.

Interesting Cases.

M. Kordi, male, age 25 years, complains of high fever and general pains in the joints and sore throat, history of seven days. He was started on full doses of salicylates with no effect. The temperature continued to fluctuate to in a septic way. Leucocytic count 27,187 of these 89 per cent were polymorphs, examination of urine showed the presence of traces of albumen and a few pus cells; when a culture was done B. Coli were detected. Patient was stuck on large doses of alkalies and the temperature fell quickly to normal and the patient recovered.

Uraemia.

15 cases were admitted, 12 died and the rest discharged; most of cases were due to advanced bilharziasis of the bladder and ureter, with hydro., or pyo., nephrosis.

FEVERS.

360 admissions, 19 died and the rest discharged, 12 of the deaths were cases of tetanus.

RECENT METHODS OF TREATMENT.

Plasmochin in Malaria.

Plasmochin is a synthetic compound, said to be more effective than quinine in the treatment of malaria. It is claimed to have the following advantages :—

- (1) The parasites disappear from peripheral blood quickly and relapses are less frequent.
- (2) It is also to destroy the gametes of Tropical malaria in 5–8 days.
- (3) Patients who are particularly susceptible to quinine can be treated by plasmochin.

It is supplied in tablets containing 0.02 grms. each three tablets are given daily for five days and the course is repeated after four days rest. It should not be given to cases of cardiac or renal disease. We have tried it in a few cases in the Hospital. the temp. used to fall on the second or third day and the paroxysm stopped. It is, however, under trial and nothing definite can be said.

MUSCULAR SYSTEM.

A case of Myositis Ossificans Progressiva.

Patient female, 23 years old, she has been born quite healthy and continued in a normal condition until she was 10 years old.

One morning she got up with a stiff neck which was tender at the beginning, later on the stiffness did not clear up, but the tenderness disappeared.

Four months later the movements of her shoulders began to be limited with tenderness and slight swelling of the muscles around, this disappeared later on leaving the limitation of movements.

Ten years ago she was brought to the Hospital and admitted for 30 days.

One year ago there was limitation in the movements of the lower limbs.

No family history of importance.

Patient was emaciated, dull, used to lie quiet.

Her muscular system was seriously affected, partly by ossification and partly by atrophy from disuse. Thus, the muscles around the jaw, the neck, the shoulder were partly affected.

The latissimus dorsi, trapezius, intrapinnatus showed also ossification. Muscles around the spine and the knees were also involved.

The Pectoralis were atrophied and in the centre there were small cartilaginous pieces which were in the way of bony formation.

X-Ray showed nicely the changes in these muscles.

W.R. negative.

POISONING.

883 admissions, 38 died and the rest discharged, most of the deaths were cases of opium poisoning and scorpion stings.

SPECIAL CASES.

Alcohol Poisoning.—153 admissions males and 11 females. Most of them arrived the Hospital comatose. The usual kind of drink they take is *booza* which is a native beer made from barley.

Opium Poisoning.—Eight admissions, six died and two recovered. The deaths were cases that took large amounts of opium and arrived at the Hospital in a very bad condition, most of them died within a few hours. The usual picture was deep coma, very slow and shallow breathing 5 per minute was the usual rate and very contracted and fixed pupils. They died from failure of respiration.

Petroleum Poisoning and Lung Complication.—I have noticed that most of the children that swallowed petroleum by mistake used to develop first congestion of lungs and then bronchopneumonia.

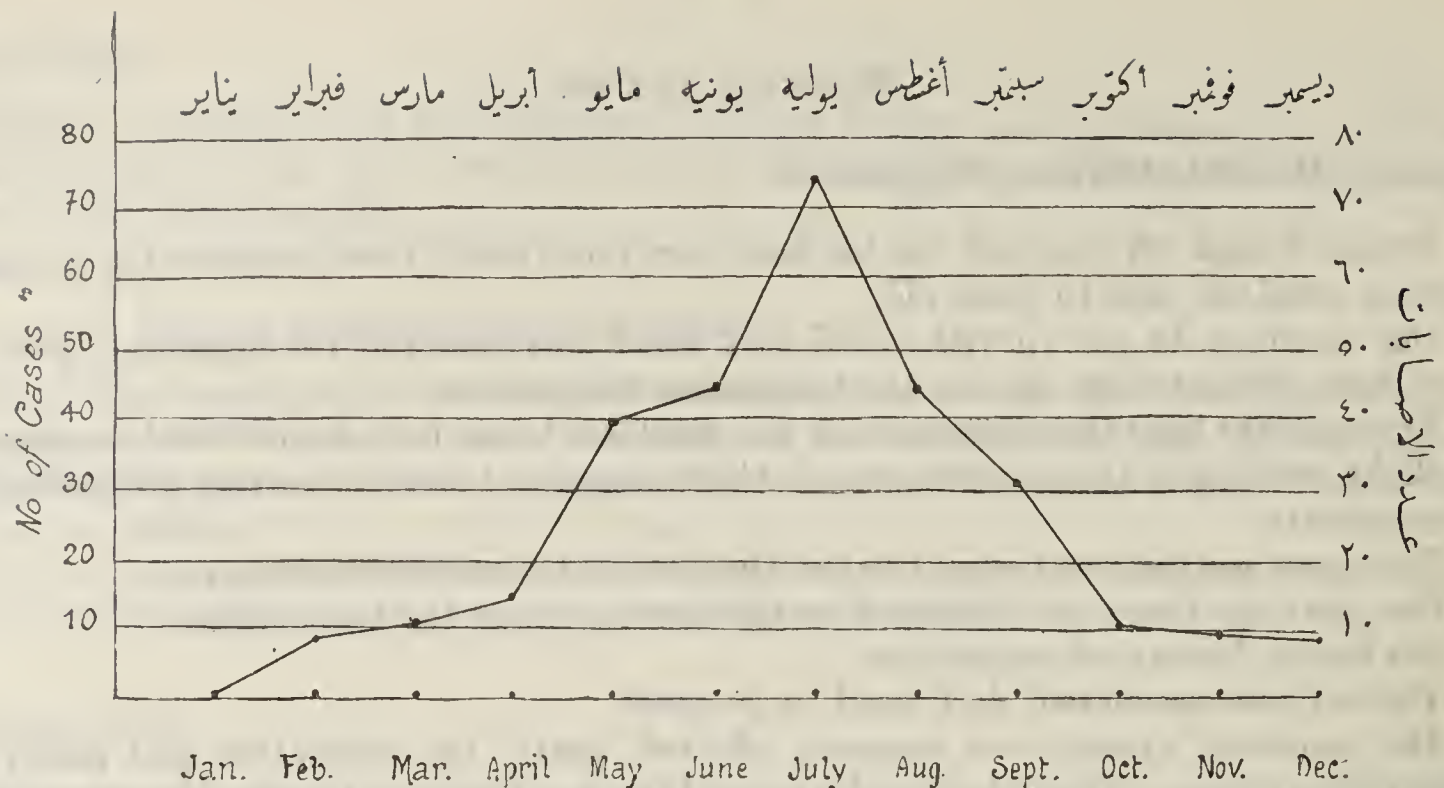
This complication used to take place in spite of all precautions taken to avoid aspiration and pneumonia. Other children to whom stomach wash was done, used not to develop bronchopneumonia.

Prof. Heathcote, Prof. of Pharmacology of the School of Medicine, gave the following explanation in this connection :—

“The petroleum, though only very slightly soluble in the blood, would be absorbed in traces and these traces excreted through the lungs. Being strongly irritant, it would almost certainly cause either congestion or bronchopneumonia if more severe. Inhalation of the vapour has been known to cause serious results.”

Ptomaine Poisoning.—199 admissions, four died and the rest discharged cured. The usual symptoms were vomiting, colicky pains and diarrhoea.

Scorpion Stings.—291 cases admitted, of these 20 died and the rest discharged. Most of the deaths were young children. The majority of the cases occurred in the summer time. The following tracing shows the frequency of the cases in the various months of the year :—



OTHER NEW METHODS OF TREATMENT.

AUTOHOEMOTHERAPY IN CHOREA.

Autohoemotherapy in case of chorea has, for the first time, been tried by Prof. Suleiman Bey Azmy during this year.

20 cc. of blood, drawn from the patient in a syringe previously coated with camphor oil (after Prof. Azmy Bey), were injected intramuscularly every other day; and although in most cases, definite improvement appeared after the first, third and fourth injections yet we used to continue giving in all cases 12 injections or even more.

The results were very good and encouraging and here a short account of the four cases treated could be given.

Case 1.—S.M.S., a male of 16 years old, was admitted on June 20, 1926 to the Surgical wards after an accident, developed chorea on the August 2, and received five injections of N.A.B. without any progress.

On October 1, he received blood treatment and began to show improvement after the third injection and was cured after seven injections.

Case 2.—A.O., a female, 19 years old, was admitted the first time on November 16, 1925 for chorea and was treated with N.A.B. without effect.

On August 2, 1926, she was admitted and a course of N.A.B. was tried again, and also she was given Foutler's solution with no result.

On October 26, she was admitted again and blood treatment was tried, 10 injections were given with no improvement.

Patient, after all, was given bromides and valariana on the supposition that she was hysterical, her condition improved little and was discharged.

Case 3.—S.B.H., a girl, seven years old, suffering from chorea and endocarditis was admitted on October 14, 1926 some days after onset of the disease, she received blood treatment and showed improvement after fourth injection.

Case 4.—S.M.H., a boy, 12 years old, was admitted to Hospital on November 4, 1926 suffering from severe chorea. Patient received blood treatment and showed definite improvement after the second injection.

TREATMENT OF CHOREA WITH NOVOARSENOBENZOL.

Prof. Azmy Bey used to give a course of N.A.B. to cases of chorea since 1922. This year he tried this treatment in four cases and got two successes.

Cases :—

(1) Z.M.B., a girl of 11 years old, admitted to the Hospital on July 25, 1926 suffering from chorea five days before, was given five injections of N.A.B. and improvement appeared after the second injection and was discharged cured.

(2) Z.A.A., a girl, 12 years old, admitted to Hospital on September 5, 1926 suffering from a severe recurrence of chorea some days before admission, was given five injections of N.A.B. Patient improved after the first injection and was cured after the third one.

The other two cases which did not yield to this treatment are mentioned under Autohoemotherapy.

NON-SPECIFIC PROTEIN THERAPY.

Intramuscular injections of :

Milk,

Oalan.—Detoxicated milk,

Omnadin.—Albuminus products of bacteria lipards and fats.

And Typhoid vaccine, have been extensively used this year in all the sections of the Hospital and especially in the Medical Side where this treatment was mostly used for prophylaxis and treatment of :

Catarrh.

Tonsillitis.

Influenza and its complications.

Rheumatoid Arthritis.

Erysipelas.

Acute Bronchitis, Bronchopneumonia, Pneumonia, Unresolving Pneumonia and Pleurisy.

The results we have obtained were, on the whole, very encouraging so much so, that 3,120 ampoules of omnadin were used this year.

Omnadin in 2 cc. ampoules is given intramuscularly and usually one injection is sufficient, in special cases, *e.g.* unresolving pneumonia we have given it more frequently, every other day for three, four or five times.

No bad reaction was noticed in any case that received this treatment and so it could be given with safety to any patient whatever his condition may be.

INTRAVENOUS TYPHOID VACCINE AS PROTIEIN THERAPY IN CASES OF RHUMATOID ARTHRITIS.

Dr. Erfan was the first that introduced this treatment in the Hospital and tried it in three cases of which he gives the following account :—

Two cases of rhumatoid anthritis and one case of subacute rheumatism were treated by protein shock using typhoid vaccine intravenously. The result in the three cases was very striking.

The method used was to give 50 millions of T.A.B. vaccine in 5 cc. sterile distilled water intravenously. The injection was repeated every fifth day and increased by 50 millions organisms, on the second injection then by 100 millions each time until 500 million organisms were given. There was a sharp reaction in each case with a rigor and a rise of temperature to about 40° C after the first injection. The temperature became normal within 24 or 36 hours. During the reaction, the local symptoms in the joints were aggravated but after it there was marked improvement.

In spite of the increase in the dose the subsequent reactions tended to be less marked. The cases were either cured or greatly improved and this mostly after the first injection.

The following is a short account of the three cases :—

1. Male of 40 had rheumatoid arthritis of both knees. These joints were kept in the semiflexed position and the patient was unable to walk. He had the full course and was discharged able to walk while the knees could be freely moved without pain.

2. Male of 27 had rheumatoid arthiritis of both knees and ankles. Movement was limited and painful. There was effusion in both knees. X-Ray examination of the latter showed no change in the bones. Had the full course and was discharged with the joints freely movable and the effusion largely absorbed.

3. Male of 28 was admitted for rheumatic fever and responded to salicylates satisfactorily at first, but later there was limitation of movement with pain in the shoulder joints, so that the arms could only be slightly adducted. Salicylates in large doses had no effect, so also rheumatic phylacogen and colloidal sulphur. Had then the course of typhoid

vaccine. There was a sharp reaction after the first injection, the temperature rising to 40.5° C. A leucocytic count made during the febrile reaction showed an increase to 12,300. Marked improvement occurred after the first injection. On discharge movements at the shoulder joints were quite free and painless. Patient was followed one month after this and was found completely free of symptoms.

Dr. Abdel Aziz Ismail next tried this treatment in two cases with very good results in both cases.

Prof. Azmy Bey tried this treatment in a case with no effect.

Dr. Gorgy Sobhy tried it in one female with actual benefit.

BISMUTH IN SYPHILITIC LESIONS.

In the treatment of syphilitic lesions arsenical preparations, mercury and potassium iodide are the main drugs used ; last year bismuth was extensively used in Hospital with encouraging results.

It has been used in (1) *cases which could not tolerate arsenic* or (2) *resisted it* and (3) in syphilitic case of *renal trouble contraindicating the use of arsenic*.

Bismuth is given in 0.20 grams. every third day until the whole amount given reaches three grammes.

It is injected intramuscularly and not intravenously on the supposition that it forms with the tissues bismoxyl, which is specific against *treponema pallidum*. The preparation used was Neo-trepol.

SKIN AND VENEREAL.

Admissions 471, deaths two and the rest discharged. Dr. M. Azer (M.D.) the skin specialist has been kind enough to write the following article on his work on whole-blood injection in skin diseases :—

“ Working according to the theory that most of the skin diseases are manifestations of internal disorders and as we know that eczema is predisposed either by local or general causes. Of the local predisposing causes we have nothing to say in this respect.

General predisposing causes are various : The most important are uric acid diathesis, rheumatism, diabetes, Bright’s disease, chronic constipation, jaundice, etc.

The reader has to have in his mind that these are not the real causes but their toxins that are liberated into the system are the predisposing causes.

Finding that these are toxins predisposing to eczema, external applications only are of no use and even if they allay the condition the disease soon relapses. So we must treat the cause.

Specific treatment of each disease is certainly very helpful. Antirheumatic treatment, antidiabetic treatment will certainly improve the skin condition. Still there is something lacking ; patient’s resistance is lowered, his blood condition is not normal and the system is loaded with toxins. Hence the blood injections are useful in many cases of skin diseases.

Most beneficial are those where intestinal intoxication is a prominent factor in the causation of the disease, *e.g.* urticaria erythema, prurigo, etc. In my opinion, the blood injections, apart from being haemostatic and apart from increasing the leucocytes, there is another factor. I am almost certain that when blood is injected, it acts as an antitoxic serum. The patient feels much better, the itching soon subsides, the hyperaemia lessens and the pus disappears.

Technique.—The blood taken from the vein and injected straight-way into the gluteal region intramuscularly, beginning with one cc. and increasing it every other day according to the reaction and age of the patient. 10 to 12 injections are sufficient, the largest being 10 cc.

Some patients get no reaction whatsoever, others exhibit a little rise of temperature. I have tried it in over 20 cases ; some cases were treated by the ordinary ointments and internal medications but showed no improvement and therefore were put on whole-blood injections and immediate improvement took place. Others were treated from the beginning by blood injections only ; some of them like the prurigo cases were of long standing and yet good benefit was obtained.

Cases of psoriasis were not amenable at all which shows that the gastro-intestinal intoxication theory is to be considered with caution. It is more likely that psoriasis is due to a parasite yet to be found.

Result.—Blood injections are very useful in cases such as prurigo, erythema, etc. hypraemia, erythematosis and impetigenized eczema. Also very useful in cases of furunculosis and pyodermea.

It is hoped that the result obtained in my cases and other workers will encourage the Dermatologists to further push the investigations on patients that are suffering from skin diseases. It is worth mentioning that blood injections if not curative by themselves, they are very powerful agents in combination with ordinary treatment.

Erysipelas.—Erysipelas, although a surgical disease, it is put under the supervision of the Medical Side. Formerly cases of erysipelas were treated specifically by large doses of antistreptococcic serum and streptococcic and staphylococcic vaccine. Since May 1926 Omnadin, which is a non-specific vaccine, has replaced the old treatment and it has given quite good results in the large numbers of cases treated.

From May to October 1926 more than 160 cases were treated in this way ; of these about 40 were very bad cases of erysipelas of face and scalp, the mortality in them which used to be as high as 15 per cent or more in the previous years, diminished to 8 per cent. The contents of an ampoule (2 ccs.) were injected intramuscularly and the injection was to be repeated two or more times if the condition of the patient needed it."

Section I.—Surgery.

STOVAINE ANAESTHESIA.

It is now a recognised fact that intrathecal stovaine injections produce vaso-motor paralysis and that “stovaine shock” is due to cerebral and cardiac anaemia resulting from raising the head to chest. The phenomena of “stovaine headache” is explained on the same principle: The negative pressure produced in the skull by raising the head during vasomotor paralysis has the sequela of a congested brain infiltrated with tissue plasma.

Working on these principles, and following the routine now adopted in several London Hospitals, we have been placing the patients in the supine position with the head and chest lower than the rest of the body, *immediately after* the administration of stovaine and keeping them in that position during, and for 12 hours after the operation. They were not allowed to raise their heads even for a fraction of a minute all through that period. The results have been very gratifying. No respiratory distress or symptoms of “Stovaine Shock” were observed. The blood pressure remained high (as checked by the Sphygmomanometer) and stovaine headache was consistently absent where this routine was rigorously adhered to. The number of cases done by this method so far exceeded 323.

LEISHMANIASIS AND SIMILAR CUTANEOUS GRANULOMATA.

These cases have proved to be very amenable to fulguration with the diathermy electrode. Coagulation is not necessary and unwanted. One or two sittings resulted in the shedding off of the granulomatous material and healing was very rapid on account of the nondestruction of the deeper epithelium by fulguration.

As far as one is able to follow the Kasr el Aini patient, a cure has been attained in the cases treated with that method.

THE LIGATURE OPERATION FOR PILES.

During 1926 we have been adopting the St. Mark's Hospital routine of treating piles. The simple ligature operation was almost exclusively done, using very thick silk and tying the knots very tightly.

Pain after operation, which so far has been considered inevitable, has been conspicuous by its absence. Morphia was needed in but one case and a few others had 10 grains of aspirin each. This freedom from postoperative pain was attained by:—

1. The absence of stitches in the mucosa, as a hematoma invariably forms under such stitches and causes pain by pressure.

2. Avoiding divulsion of the sphinctre, since spasmodic contractions always occur when the dilated sphinctre begins to regain tone and these are of a very painful nature.

3. Avoiding trauma or the application of pressure forceps on any part of the anal region which is not going to be removed.

4. Adopting an antiseptic technique by washing out the rectum with lysol and swabbing it with biniodide and washing the anal region twice daily with carbolic lotion.

The number of cases treated with this method during 1926 was 46.

Signed: DR. A. MOORO.

Section II.—Surgery.

A.—THEATRE TECHNIQUE.

Without venturing to make any radical change in the excellent aseptic technique which has, for years, existed at Kasr el Aini, we have followed the example of Sir Berkely Moynihan, and have decided to treat the patient's skin like the Surgeon's hands, (no matter how carefully prepared) as a source of infection. In addition, to avoiding all contact between the hand of the operator with the outside of his glove, we employ the following routine :—

- (1) The patient's skin is not allowed to touch the gloves of operator or assistants.
- (2) The skin is excluded from the wound by side-curtains.
- (3) The knife used for the skin incision is at once discarded.

APPOSITION OF SKIN EDGES.

To permit of accurate apposition of corresponding parts of the skin at the close of operation, scratches are made with a needle across the line of incision before the skin is divided.

GREEN TOWELS.

We now employ green towels, such as are used in Leeds and in Dublin, for surrounding the field of operation. Eye-strain to the operator from reflected white light is thus greatly diminished, a thing of special importance in Egypt.

SOILED INSTRUMENTS.

We have recently learnt from Mr. Roy Dobbin (who has introduced the device into his Section) the use of an instrument table with its top replaced by a loosely stretched red cloth. This forms a convenient and conspicuous receptacle for soiled instruments which are discarded during operation or which needed to be re-sterilised.

DRESSING OF SEPTIC CASES.

To avoid contamination of operation wounds in case a glove is pricked, we now insist that rubber gloves in the Theatres be worn during the dressing (and examination) of septic cases by those in the Unit who are engaged in performing or assisting in operative work.

B.—NEW AND RECENT SURGICAL METHODS.

OSTEO-PERIOSTEAL GRAFTS.

The use of these grafts was first described by Rutherford Morison and Mackenzie in 1926 for fixing cases of complete paralytic drop foot in children.

Pliable osteo-periosteal strips are taken from the tibia and fixed on each side of the ankle joint in grooves cut in the bones of the leg and tarsus.

Morison obtained absolute joint fixation in these cases.

By modifying his postoperative treatment we have succeeded in producing hinges in these bony splints. We thus obtain a joint which is not merely stable, but which allows slight useful movements.

We have used osteoperiosteal grafts successfully :—

- (1) In a case of drop foot.
- (2) In two cases of severe paralytic talipes calcaneo-valgus.
- (3) In a case of drop wrist where tendon transplantation was contraindicated.

We believe that this procedure of osteoperiosteal grafting has finally solved the difficult problem of treating paralytic talipes calcaneo-valgus.

PEDICLED SKIN GRAFTS FOR DECORTICATED FEET.

The feet, in accident cases, are often partly amputated and wholly decorticated by the wheels of vehicles. It has been the practice in these cases to perform amputation in the leg.

In certain instances, where the raw remnant of the foot was mobile and clean, it has seemed to us that amputation is wasteful.

In two cases we have succeeded in reclothing the remnant of the foot with pedicled skin grafts taken from the opposite thigh.

We have found it necessary to invent a method of splinting these cases while the graft is becoming fixed, which prevents tension and permits dressing.

LENGTHENING OF THE FEMUR.

In a man aged twenty with 11.5 centimetres shortening of the left lower limb (due to disease of the knee joint in 1918) we succeeded in lengthening the femur 5.5. centimetres.

The femur was divided by a Z-shaped cut; angulation was prevented by loosely applied Parham's bands, and extension was made with "ibe-tong" callipers while the limb was suspended and counterpoised.

A DEVICE IN TENDON TRANSPLANTATION.

The commonest operation of tendon transplantation, in which the tibialis anterior and extensor longus hallucis are used to correct a varus deformity, has been simplified by a member of the unit (Dr. Ahmed Handusa).

The long tendon (extensor longus hallucis) is drawn through a hole in the base of the fifth metatarsal; it is then passed through a hole in the short tendon (tibialis anterior), looped back and sutured to itself and to the other tendon. The junction is buried under the periosteum of the cuboid bone.

FASCIAL GRAFTS.

We have successfully employed autoplasmic strips of fascia lata in the following ways:—

(1) For suspension of a dropped shoulder.

The trapezius was completely paralysed and the arm could not be raised above the horizontal position.

Two holes were bored in the scapula which was slung to the spines of the sixth cervical and third dorsal vertebra by means of two strong fascial strips.

Complete function was restored.

(2) For repairing a large recurrent inguinal hernia.

The defect was laced over with two long sutures cut from the fascia lata (Gallie and Lemosurier's Method).

(3) For uniting the biceps tendon to the deep flexor tendons of the fingers in a case of fore-arm paralysis (with double luxation of the shoulders) dating from birth.

FRACTURES OF THE FEMORAL NECK IN THE AGED.

The old people besides the risk of bed sores, hypostatic pneumonia is especially feared.

To avoid it we have treated these cases in a sitting posture on the special folding bed-frame used for peritonitic patients. The thighs and knees are flexed over the central part of the frame, and extension is applied to the thigh in such a way as to abduct it towards the corner of the bed. None of the four patients so treated developed any complication.

We are indebted to Miss Wilson, then a sister in the Unit, for this ingenious use of the bed frame, which we have finally adopted in preference to other means of securing the propped posture with abduction.

ALCOHOLIC INJECTION OF NERVE TRUNKS IN ADVANCED CANCER.

We have used injections of 2 c.c. of absolute alcohol into the mandibular division of the trigeminal nerve in three cases of pain due to extensive malignant growths of the tongue or floor of the mouth, in each with immediate relief which lasted while the patient was under observation.

In a fourth case of inoperable breast cancer, with intense pain in a large oedematous arm, we were able to confirm Sicard's statement that injection of 60 per cent alcohol abolishes the conduction of sensory impulses while permitting motion to persist.

The brachial plexus was exposed and each of the five nerves forming it was injected with 1 c.c. of 60 per cent alcohol. Relief of pain followed and movements of the upper limb remained.

DIAGNOSTIC METHODS IN THE SURGERY OF BRAIN AND CORD.

In collaboration with Dr. R.A. Gardner we have made use of two methods recently introduced for the diagnosis of lesions in the central nervous system.

(1) *Lipiodol Injections.*

The dense shadow cast by this innocuous substance serves to localise the level of a block in the spinal canal (Dr. Wadie Dimitri made the first injection for me).

(2) *Ventriculography.*

Or radiography of the cerebral ventricles after replacement of their fluid contents by means of injected air. (Dandy's Method).

We have used this means of localising obscure intracranial tumours in two cases. In each the procedure revealed the site of the lesion in one case showing that the clinical signs were fallacious and that the tumour was in the cerebellum and not in the frontal lobe. In the other, that the lesion was in the cerebellum and not in the temporal lobe.

VENTRICULAR PUNCTURE.

We have done this :—

(1) During the course of a cerebellar decompression to relieve high intracranial tension.

(2) As a diagnostic procedure (following Dandy) in a case where it was impossible to replace the fluid contents of the ventricle with air.

Aspiration of only 3 c.cs. of fluid from the posterior horn of the right ventricle and of none from the left ventricle indicated a left occipital or parieto occipital growth which clinically had given no localising signs.

DE MARTEL'S INSTRUMENT AND HUDSON'S DRILL.

We have employed both these instruments in the Surgical Unit during the past year. Both allow holes to be bored rapidly in the adult skull *without injury to the dura*. In addition de Martel's instrument allows large bone flaps to be rapidly and safely cut out.

Note.—Hudson's Drill is *not* safe to use in children where the bone is often too thin to block the instrument. Thus in a dog's skull we have seen it penetrate the dura.

ANKYLOSIS OF THE MANDIBLE.

We find that the somewhat difficult procedure of removing the ankylosed head of the mandible (which is usually excised) is made easy by drilling it out with a Hudson's cranial drill.

This drill stops directly it perforates the bone and thus does not injure the brain or the internal maxillary artery. Further, since the drill can work in a restricted space no strong retraction need be made, and facial palsy is avoided.

Dr. Edward Sadek, then clinical assistant to the unit, suggested a method of bringing a fascial flap round the zygoma and this facilitated a step in performance of arthroplasty.

RECTAL PROLAPSE (COMPLETE TYPE).

This condition is common in Egypt and we are dissatisfied with the current methods of treating it. Resection is dangerous, and Lockhart Mummery's operation (which is the one most often used) leaves a large wound to heal by granulation close to the anus.

We have succeeded in obtaining good results by modifying an old method of Lange's which gives healing by first intention.

We now remove the coccyx and shorten the posterior face of the rectum by Lembert sutures as in the original procedure, *but in addition we insert sutures into the rectal wall as far as possible from the middle line* and tie them to the median sutures.

This takes in the slack of the anterior wall of the rectum and prevents its prolapse.

The patients, like all our bone cases, have a two-day preparation of the skin.

The incision is sutured by the everting technique which Cushing uses for the scalp. It is dressed with dry sterilised boric powder.

A REVIVAL OF MIKULICZ DRAIN.

Following McConnell of Dublin we use this drain (which consists of a blind pouch of cloth which is invaginated into the abdomen and loosely packed with swabs) for septic intra peritoneal conditions which are imperfectly walled off. We believe we have saved cases which were otherwise hopeless by means of this drain.

We cover the outer surface of the drain with "b. i. p. p." to facilitate its removal, and take out one or two swabs daily from its pouch.

MERCURO CHROME.

Excellent results have been claimed from intravenous injection of this Eosin and mercury compound in septicaemic conditions, and also in certain cases of pyelitis.

We have used the drug freshly prepared in a 1 per cent solution in a dosage of from 1 to 2 milligrams per kilo of the patient's body weight in the following cases. In none of them have we seen any ill effect.

(1) *Staphylococcal pyæmia with multiple abscesses.*

We had four cases out of which one case failed to react and died.

(2) *Cases where there was high persistent fever with sepsis.*

In one of these the temperature fell from 39.9 to 37.5 following a rigor within an hour of injection. It rose again in 12 hours time and then slowly fell. We had two cases.

(3) *In a case of ascending pyelitis which cleared up after one injection.*

It is difficult to assess the value of mercurio chrome in septic states. One case for example of peritonitis reported by the pathologist as having streptococci in the blood, refused injection and recovered.

On the other hand it is difficult to believe that the drug played no part in the recovery of the pyæmic cases, all of whom were steadily worsening before mercurio chrome was given.

We believe that it acts indirectly on the infecting organisms by breaking down certain of the patient's proteins.

INVESTIGATIONS.

RECENTLY BEGUN OR IN PROGRESS.

TREATMENT OF BURNS.

An attention has been drawn by Dr. Boris Boulgakow to a new method of treating burns with tannic acid solutions. We have so far employed it in eight cases. The results are encouraging.

STERILISATION OF COMPOUND FRACTURES.

We have attempted to find some satisfactory means of securing primary healing in cases of compound fracture admitted in the first eight hours after injury.

The ordinary methods of "bipping" which gave such good results in men chosen for active service in the field are disappointing when applied to civil surgery, and in addition we have employed iodine.

This has not proved more satisfactory and we are now treating a series of these cases with Harrington's solution.

RABIES.

We have, so far without result, attempted to treat this condition by injections of various substances into the cisterna magna, also, on Prof. Wilson's suggestion, by intravenous injection of flavine.

Professor Heathcote has collaborated with us both on the experimental and Clinical side of this work.

ACUTE ABDOMENS AND HEAD INJURIES.

We have for the past year used special forms in the unit for getting complete records of the signs and symptoms of these conditions.

A study of these forms has given us valuable information which we are collecting.

Blank specimens are attached.

We have in addition drawn up others for the special study of splenic and urological affections.

Finally, as Director of the Surgical Unit, it gives me pleasure to testify to the spirit of good-will and keen co-operation in which the team-work on which I have reported has been done.

*Signed : Prof. A. K HENRY,
Professor of Clinical Surgery,
Royal School of Medicine,
Director of the Surgical Unit,
Kasr el Aini Hospital.*

FORM FOR ACUTE ABDOMINAL CASES.

Patient's Name _____ Sex _____ Age _____
Address _____
Date and time of examination _____

HISTORY OF PRESENT CONDITION.

Exact Time of Onset _____ Mode of Onset _____ Acute or gradual ? _____

PAIN :—

- (a) Situation at first _____
(b) Has it shifted? _____
(c) Character _____
(d) Any radiation? _____
(e) Pain on micturition _____

VOMITING:—Before _____ at same time _____ some hours after pain _____ How often ? _____
Character of vomit. _____

NAUSEA.

BOWELS.—Regular usually _____ When last open _____
Diarrhoea ? _____ Any blood in motions ? _____

MENSTRUATION:—Exact date of last period _____
last period excessive or scanty _____ Painful or not _____

PAST HISTORY.

Any serious previous illness? _____

INDIGESTION:—If so, how long after *meals* before pain comes ? _____

Jaundice _____ Melaena _____ Haematemesis _____

Haematuria _____ Loss of weight _____

CONFINEMENTS. (if any) _____

PRESENT CONDITION.

Pulse _____ Resp. _____ Temp. _____

GENERAL APPEARANCE _____ Tip of nose _____

ABDOMEN:—Pain _____ Tenderness _____ Rigidity _____

Cutaneous hyperaesthesia _____ Distention _____

Movement on respiration _____ Tumour or external hernia _____

Free fluid _____ Liver dullness _____ Thigh rotation test _____

RECTAL EXAMINATION.

CHEST EXAMINATION.

SPINE _____ KNEE JERKS _____ Pupils _____

URINE :— Blood _____ Pus. _____ Albumen _____ Sugar _____

VAGINAL DISCHARGE.

BIMANUAL EXAMINATION.

BLOOD COUNT.

Total _____ Differential _____

FORM FOR CASES OF HEAD INJURY (ACUTE STAGE).

Patient's Name _____ Sex _____ Age _____

Date and time of Admission _____ Hospital No. _____

Cause of Injury: _____ Time of Injury _____

CONDITION :— Conscious _____ Shocked _____

Delirious _____ Comatose _____

Did patient lose consciousness at time of injury ? _____
or after an interval _____

What was duration of interval ? _____

Did patient vomit after injury ? _____

Pulse _____ Temperature _____

Blood pressure :— Systolic _____ Diastolic _____

Respiration :— Shallow _____ Stertorous _____

Cheyne-stokes _____

INJURY TO SCALP :— Position _____

Nature :— Contused _____ Incised _____

Puncture _____ Lacerated _____

Haematoma :—

(1) In scalp _____

(2) Sub-aponeurotic (a) localised (b) Diffused _____

(3) Sub-pericranial _____

Is Haematoma pulsating ? _____

FRACTURE :—

(1) Fissure _____ (2) Gutter _____

(3) Depressed _____ (4) Comminuted _____

FRACTURE OF BASE :—

Escape of blood from (1) nose _____ (2) ear _____ (3) pharynx _____

Subconjunctival haemorrhage (exact extent of) _____

Vomiting of altered blood _____

Escape of C.S.F. from scalp _____ nose _____ ear _____ Pharynx _____

Escape of brain substance _____

Presence and nature of squint _____

Conjugate deviation _____ Condition of pupils _____

REFLEXES :— Conjunctival _____ Pupils :— right _____ left _____

knee jerks :— right _____ left _____ Plantar reflex :— right _____ left _____

Pain :— Site and nature of _____

Twitchings _____ Spasms _____

Movements _____ Convulsions _____

Paralysis or paresis of limbs _____

Paralysis or paresis of face _____

Sensory lose _____

Lumbar puncture _____

Blood in C.S.F. _____ Quantity removed _____

Effect of removal _____

X RAY EXAMINATION (in special cases only) :—

Nature and site of injury _____

Air in skull _____ Air in ventricles _____

Examination of Fundus Oculi (in special cases).

Right _____ Left _____

Section III.—Surgery.

TUBERCULOSIS OF THE STERNUM.

The disease is commonly met with in young adults, 20 to 30 years old, equally in both sexes. Apart from tuberculosis of the ribs with which the disease is often associated, tuberculosis of the sternum may exist with no other apparent tubercular focus in the body.

The disease starts in the periosteum covering the posterior surface of the sternum and rarely that on the anterior aspect becomes involved at first. The further pathological stages until abscess formation occur here as they do in tuberculous periostitis elsewhere. The cold abscess may appear in any of the following positions :—

- (a) In the suprasternal notch when the lesion lies in the manubrium sterni or upper part of the Gladiolus.
- (b) Adjacent intercostal or interchondral space.
- (c) In middle line of the sternum at any level.
- (d) In the abdominal wall, either along the linea Alba or one or other rectus sheath or even in a more outwardly situated spot. In such positions the tubercular lesion usually lies in the lower part of the sternum or Xyphoid Cartilage. In any case the effect on the sternum is the same, rarefaction of the bone takes place in parts or along its whole length. It becomes friable and easily separable from the periosteum ; sequestrum formation is rare.

Signs and Symptoms.

These are general and vague at first but as the disease advances a feeling of oppression or even dyspnoea may supervene. When the cold abscess makes its appearance, six months to a year from the onset, the previous symptoms rapidly subside and the patient feels markedly relieved.

Treatment.

Ordinary surgical procedures, *e.g.* aspiration and injection of iodoform emulsion or scraping and bipping are inadequate means for eradicating the disease. Nothing short of expiration of the diseased bone, partially or complete removal of sternum, can affect a cure. This method has been tried successfully in eight cases.

The technique of the operation is as follows :—

- (1) A vertical incision starts from the supra sternal notch down to the origin of the recti muscles encircling any sinuses.
- (2) Dissection of flaps of skin, subcutaneous tissues and periosteum on both sides, the origin of the pectorals being separated together with the periosteum from the bone until the line of costo-chondral junction is reached. Profuse bleeding occurs at this stage from the cut perforating arteries.
- (3) The perichondrium over the fifth, sixth and seventh cartilages on both sides should be stripped carefully by means of Doyen's rib raspator, great care being taken not to injure the pleura especially on the right side.
- (4) The Xyphoid cartilage is freed of its muscular attachments.
- (5) The sternum is gently lifted up from Xyphoid end and the periosteum on its posterior surface peeled off from below upwards.
- (6) The costal cartilages above the fifth are cut in succession from below upwards and from within outwards as they become prominent by the lifting up of the sternum.
- (7) When the clavicles are reached the sterno-clavicular joints are cut into and the sternum can then be easily detached out of position.
- (8) Any necrosed ribs are then dealt with. The wound should be closed above and below and the greater part packed and left to heal by granulation tissue.

Results.

Nine cases were operated upon.

One, a weak child died of shock soon after the operation.

Another case died three months from the date of the operation from lobar pneumonia.

A third case was cured from the operation but a year after-wards developed Pott's disease of spine.

The rest were cured.

Thus the actual mortality is one case out of the total 9.

TREATMENT OF EXTENSIVE BILHARZIAS OF RECTUM AND SIGMOID.

Extensive Bilharziasis of the Rectum and Sigmoid with the formation of Bilharzial papillomata is being treated lately by Resection of the whole mucous membrane affected with good results. The following can be put down as an example.

Patient Mahmoud Ibrahim from El Ayat of 25 years age, fellah married.

Came to the Out-Patients at Kasr el Aini on October 26, 1926 complaining of. :—

1. Constipation.
2. Protrusion of his rectum on defaecation.
3. Presence of masses within his anal orifice which gave rise on many occasions to:
4. Severe haemorrhage especially when constipated and faeces becoming hard.

History.

Patient's illness began nearly 10 years ago when he suffered from dysenteric symptoms for nearly six months after which he noticed the appearance of grape like masses within his anal orifice. These, he says, were soft in the beginning and did not give rise to haemorrhage. Nearly one year after the appearance of these masses he began to suffer from recurrent attacks of bleeding which was on some occasions profuse.

These masses attained a bigger size and he used to feel as if they were obstructing his anal canal. Patient went to a doctor who diagnosed the case as piles and was operated upon two years after the onset of his symptoms, but six months later he began to suffer again from a similar train of symptoms and was diagnosed again as piles and was operated upon a second time one year later and a third time 1½ years after, for the symptoms had to appear again every time after 6-12 months.

Diagnosis.

Patient on rectal examination was found to have incomplete Prolapse of Rectum and Bilharzial Papillomata.

The papillomata reaching to a higher level than the finger can reach. Few piles were also noticed on the prolapsed part of the Rectum.

Treatment.

Patient's urine and faeces were examined for Bilharzia ova and although found negative the patient was given a course of Tartar Emetic.

Mist alba 60 every morning and Mist Iron laxative were also given from the beginning.

Operation.

Operation, under stovaine was done on November 15, nearly 45 c.m. of the mucous membrane only were dissected very carefully and pulled from within the muscular coat of the intestine. A good area above was explored to be found free from Bilharzial papillomata. The papillomata-bearing-area was then removed after four anchoring sutures were applied to keep the Mucous Membrane in site. Continuous cat gut sutures then made to fix the mucous membrane to the skin and a tube inserted in the rectum.

After Treatment and Progress.

Patient was given castor oil and soap enema on the third day. He had retention of urine after the operation which was very obstinate. Lasting for 10 days after the operation. Treated at first by hot applications to the hypogastric region and catheterisation when necessary. Later with pituitrin 8 hourly, Mist Acid Strychnine 30 t. d. s., until the bladder regained its function.

The wound went on quite cleanly from the beginning and it almost completely healed by first intention. The anchoring stitches were removed on the 10th day. Patient began to suffer from diarrhoea two weeks after the operation and it is only due to this that his period of convalescence was somewhat prolonged.

Signed : DR. I. FAHMY.

The following notes might be of interest :—

Acute Abdomens:—

1. Peritonitis (Local and General).

Total 32 out of which 20 died. 62.5 per cent mortality.

The following list shows the analysis of the causes, important signs and symptoms of the whole cases of peritonitis operated on this year.

We were not sure about the cause of six cases. One of them (No. 3745) had inflammation of all the serous cavities, most probably Pneumococcal Pneumococci. Another case (No. 12251) as well had double Pyonephrosis and broncho-pneumonia and the cause of the peritonitis was most probably Pneumococcal as well.

A third case (No. 11638) a man was in the Medical side in Hospital showing no signs of Peritonitis at all ; but one night he fell off his bed and at once his pulse rose to 140, temperature fell to 36 . He had pain over the upper part of the abdomen especially the right side, tenderness all over his abdomen and rigidity only in the right upper part of the abdomen. So Laparatomy was done at once and he was found to have general peritonitis. Post-mortem was done afterwards and still the cause remained unknown.

The signs and symptoms were very variable, rigidity was absent in some of the generalised Peritonitis cases, dullness was not demonstrable in a fair number due to the distension of the gut. The most constant and reliable sign was the tenderness.

ACUTE

Date of Operation.	Hospital No.	Sex.	Age.	Cause.	Site of lesion.	S I G N S		
						Pain.	Vomit.	Temp.
1926			Years					
April 13	3794	Male.	40	Perforating li- ver Abscess.	General Perito- nitis.	All over.	Nil.	37
Patient was absolutely								
April 16	3891	Female	40	Acute Chole- Cystitis.	G.P. Empyema of gall bladder.	In Rt. Upper part.	+	38·2
May 4	3745	Male.	35	Unknown.	G.P. all serous cavities in- flamed.	all over.	+	37
May 18	5527	Female.	20	Double salpin- gophritis. Lt. tube gangre- nous.	Generalised Pe- ritonitis.	Hypogastrium.	+	38·5
History. Labour one month before								
June 7	6407	Female.	25	Appendix.	Rt. Iliac fossa and pelvis.	Localised in Rt. Iliac fossa af- ter being ge- neral.		39
June 17	6857	Male.	40	Perityphitis.	Rt. iliac fossa.	Sudden abdo- minal pain.	+	36·5
June 25	7170	Male.	17	Appendix.	G.P.	Generalised.	+	38
July 7	7322	Male.	21	Appendicitis.	Rt. iliac fossa.	Lumber and ili- ac.	+	38·3
July 15	8183	Male.	75	Carcinoma of sigmoid. Per- foration in Rt. Flank.	Generalised.	Right flank.	+	38·5
History of diarrhoea alternately								
August 11 ...	9705	Male.	30	Appendicitis.	Right Lumber.	Insane.	+	38·8
September 25...	11038	Male.	21	?	G.P.	Upper part of abdomen	Nil.	36
Patient was in Hospital and developed								
October 6 ...	12251	Male.	30	?	G.P.	All over.	+	37
Absolute constipation for 5 days.								
October 7 ...	12287	Male.	23	Appendix.	L.P.	All over shifted to Rt. Iliac fossa.	Nil.	38
October 12 ...	12486	Male.	20	?	G.P.	Diffuse.	Nil.	38·2
October 15 ...	12624	Female.	12	?	G.P.	Diffuse	+	38
October 23 ...	12970	Male.	25	Appendix.	Localised	Rt. Iliac fossa.	+	38·8
October 28...	13156	Male.	26	Appendix.	Local.	In Mc. Burny's point.	+	38·2
October 30...	13246	Male.	20	Appendix.	General.	Right Iliac.	+	38·5
November 8...	13644	Male.	35	Appendix.	Local.	In Mc. Burnys- point.	+	38·2
November 11...	13788	Male.	11	?	G.P.	Generalised.	+	38·4
December 20...	15274	Male.	35	Perforated Gut Typhoid.	Ilium	All over.	—	38·5

N.B.—No. 11213 in Stab Wounds —————died.

No. 7439 } in Ruptured Bladder { —————died.
No. 9670 } —————died.

See Injured Gut 7 cases out of which 2 cured, See Intestinal Obstruction No. 5882 —————died.

PERITONITIS.

AND SYMPTOMS.						TREATMENT.	Result.
Pulse.	Shape.	Blood Count.	Tender.	Rigid.	Dullness.		
110	Distended.	—	All over.	Nil.	Not shifting.	Drainage.	Died.
constipated for 3 days.							
112	A tumour to Rt. and below umbilicus.	14,000	All over.	Nil.	Upper Rt. quadrant.	Gall bladder and peritoneum drain.	Cured.
104	Distended.	18,000	All over.		Nil.	Drainage under local anæsthetic.	Died.
112	Slight distension.	18,000	All over.	Generalised but slight.	Hypogastrium not shifting.	Drainage : 1. Supra-pubic. 2. Vaginal.	Died.
Pain in Lt. Iliac fossa 9 days.							
128	Normal except for Rt. iliac Tumour.	39,000	Rt. Iliac fossa.	Nil.	Rt. Iliac fossa	Drainage :— 1. Supra-pubic. 2. Vaginal.	Cured.
80	Normal.	—	Tender Flank	Abdomen lax.	Nil.	Laparotomy Exploratory closed.	Cured.
104	Not distended	17,500	All over.	Slight.	Rt. Iliac side.	Drainage Appendix removed,	Died.
100	Normal.	29,937	Rt. Iliac fossa	—	Nil.	Appendicectomy drainage.	Cured.
110	No distension	Nil.	Right Flank.		Nil.	Colostomy and peritoneal Drainage.	Died.
with constipation.							
100	—	—	Right Side.		Not shifting.	Drainage Appendix not removed.	Cured.
140	Not distended	—	All over.	Right upper part.	Dull but not shifting.	Drainage.	Died.
symptoms after falling out of bed.							
125	Not distended	—	All over.	Rt. upper part.	Dull but not shifting.	Drainage.	Died.
Double Pyonephrosis with Broncho-pneumonia.							
90	Normal except for mass in Rt. Iliac fossa.	10,000		Rt. iliac fossa.		Drainage Appendix removed.	Cured.
120	Full.	—	All Over.		Slight in both flanks not shifting.	Drainage.	Cured.
150	Distended.	—	All Over.		Nil.	Drainage.	Discharged to care of a doctor.
120	Normal except for a mass in Rt. Iliac fossa	—		Right Iliac Fossa.		Drainage Appendix not removed.	Cured.
114	Rounded.	—		Rt. Rectus.	Nil.	Appendicectomy.	Cured.
110	Rounded.	13,000		Hypogastrium and Rt. iliac fossa.	Nil.	Drainage.	Died.
90	Rounded	22,500		Rt. Iliac fossa.	Nil.	Appendicectomy.	Cured.
148	Distended.	35,000		All Over.	Rt. Iliac not shifting.	Drainage.	Died.
116	Rounded.	—		All Over.	Slight in flanks. Not shifting.	Drainage and Jejunostomy.	Died.

INJURED GUT.

Cases operated on in the last 4 years are as follows:—

Year.	Total.	Died.	Mortality.
			per cent
1923	6	5	83·3
1924	5	4	80
1925	5	5	100
1926	14	9	65

The following list shows the analysis of the cases operated on this year. From it one can see that the most reliable sign found to denote the position of the injury is the point of maximum tenderness and in most cases the patient points to it when asked.

SURGICAL IN-PATIENTS.—INJURED GUT.

Date of Operation.	Hosp. Number.	Sex.	Age.	Cause.	Site of lesion.	Condition found at operation.	Important signs and symptoms.	Result.
1926			Years.					
Feb. 21..	1867	Male.	35	Perforated gastric-cancer.	Stomach.	Perforated gastric cancer with general peritonitis.	Pt. points to pain in a definite point in Epigastrium. Tenderness and rigidity all over, 7 days history. Vomiting, constipation. Pulse 120 Temp. 37·5.	Died.
May 25..	5827	Male.	50	Tramway accident	Fracture ribs.	Peritonitis with ruptured jejunum.	Pain just above the umbilicus, very slight rigidity. Tenderness in that spot.	Died.
May 30..	6068	Male.	7	Thrown by a stone.	Ruptured Ilium.	Small rupture in ilium with foecal matter in abdominal cavity.	Pt. points to special point of pain to the right and below umbilicus. Rt. Rectus rigid Vomiting Pulse 120 Temp. 37·5 Lt. iliac fossa dull not shifting.	Cured.
June 12..	6686	Female.	7	Motor-car accident.	Jejunum.	Peritonitis. Ruptured Jejunum with fr. base and Rt. femur.	Pain just above umbilicus. Very slight rigidity. Tenderness in that spot.	Died.
Sept. 15..	11349	Male.	18	?	Stomach and kidney.	Contused stomach with Lt. Kidney.	Pulse 90 Temp. 36 Pain and tenderness in Epigastrium. Vomit bloody. Urine bloody.	Cured.
Oct. 16..	12670	Male.	25	Kick.	Ilium.	General Peritonitis and Ruptured Ilium.	Special point of tenderness cured below umbilicus. Pulse 76, Temp. 36·7. Abd. Lax except slight rigidity in Rt. side.	Cured.
Dec. 2...	14592	Female.	6	Passed over by a car.	Ilium.	Contused Ilium. Retro Coecal Hæmatoma.	Pulse 120 Temp. 37·9 Tenderness in right loin.	Cured.
Dec. 21..	15341	Male.	22	Motor-car accident.	Jejunum.	Complete rupture with G.P.	Rigid all over tenderness marked above umbilicus Pulse 110 Temp. 36·5.	Died.

N.B.—No. 10304 { in stab wounds ... } _____cured.
No. 11213 { _____died.
No. 12085 in ruptured Mesentery _____died.
No. 15274 in peritonitis... .. _____died.

The following is the list of cases operated on for ruptured bladder :—

RUPTURED BLADDER.

Date of Operation.	No. of Hospt.	Sex.	Age.	Nature of injury.	Site of lesion.	Condition found at operation.	Important sings and symptoms.	Result.
1926			Years.					
June 29	7439	Male.	25	?Trauma.	Intraperitoneal with fr. pelvis.	General Peritonitis.	-Severe shock. Boric test positive. No rigidity in abdomen. Tenderness in lower part only.	Died.
Aug. 11	9670	Male.	65	?Trauma and drunk.	Intraperitoneal with Fr. pelvis, Fr. Rt. Femur.	Peritonitis.	Severe shock. Pulse 120 Temp. 37.4 Boric test positive rigid abdomen. Some shifting dullness.	Died.

STAB WOUNDS OF ABDOMEN.

Date of operation	Hospt. No.	Sex.	Age.	Cause.	Site of lesion.	Condition found at operation.	Important sings and symptoms.	Result.
1926			Years.					
Sept. 13	11213	Male.	25	Stab wound.	Stomach.	Peritonitis and Haemathorax.	Pulse 90 No vomiting. Shifting dullness.	Died.

STAB WOUNDS OF ABDOMEN.

Date of Admission.	Hospt. No.	Sex.	Age.	Position of injury.	Condition found at operation.	Treatment.	Result.
1926			Years.				
March 7	2468	Male.	25	Hypogastrium.	Haen orrhage due to a tear in the omentum	Injured omentum moved, abdomen closed No drainage.	Cured.
May 13	5304	Male.	25	Lt. Lumbar region	Intestines mostly out. Very severely shocked.	Intestines returned in Abdominal wound cleaned.	Died.
May 29	5937	Male.	22	Epigastrium.	Omentum protruding from wound.	Injured omentum removed Abdomen closed. No drainage.	Cured.
June 17	6893	Male.	19	Upperright quadrant.	No injury to Abdominal viscera Wd. communicating with peritoneal cavity	Wound cleaned and closed.	Cured.
June 17	6894	Male.	25	Upperright quadrant.	Liver torn with severe haemorrhage.	Stitched up. Abdomen closed. No drainage.	Cured.
July 6	7856	Male.	30	Rt. Iliac fossa.	Haemorrhage due to a tear in the omentum.	Injured omentum removed. Abdomen closed No drainage.	Cured.
Aug. 24	10304	Male.	30	Epigastrium.	Ruptured gut with haemorrhage	Gut stitched. Abdomen cleaned and closed.	Cured.
Oct. 9	12359	Male.	25	Lt. 10th space.	Stab wound perforating into Abdomen cavity. Severe Hge. from omentum.	Omentum removed diaphragm could not be stitched well.	Died.
Nov. 19	14126	Male.	25	Upper left quadrant.	No internal injury. Wound communicating with peritoneal cavity.	Wound cleaned and closed. No drainage	Cured.

ACUTE INTESTINAL OBSTRUCTION.

Date of Operation.	Hosp. No.	Sex.	Age.	Cause.	Important Signs and Symptom s.	Treatment.	Result.
1926			Years.				
Jan. 7	211	Male.	11	Tabes me- senterica Cyst kin- king the intesti- ner.	Absolute constipation for 9 days continuous fae- cal vomiting. Pulmo- nary Tuberculo is	Tumour resected with a piece of gut. Paul's tubes inserted.	Died.
Jan. 7	232	Female.	30	Cancer of Rectum.	Absolute constipation for 3 days. Pulse 90 Temp. 36	Colotomy Cancer remo- ved.	Relieved Died.
Jan. 10	690	Female.	7 days	Imperfora- ted Anus	7 days absolute constipa- tion with vomiting	Colostomy.	Died.
Feb. 18	3978	Male.	40	Mickle's diverticu- lum.	2 days history.	Laparotomy Removal of diverticulum. Intesti- nes were suspicious.	Cured.
March 18	2866	Male.	55	Internal strangu- lation in a retro- Coeal Pouch.	4 days absolute constipa- tion. Foecal vomiting. Patient got it after re- ducing inguinal Hernia Hernia operated on after cure from obstruction.	Pouch closed. Intestinal contents evacuated by a puncture closed by a purse string suture. Pe- ritoneum closed.	Cure.
April 4	3498	Male.	4 days.	Imperfora- te Anus.	4 days constipation, Pul- seless, foecal vomiting.	Colostomy.	Died.
April 12	3783	Male.	35	Strangula- ted splenic flexure by bands.	Absolute constipation 4 days with vomiting, shifting dullness.	Laparotomy removal of bands.	Died.
April 10	3730	Male.	1½	Intussus- ception.	Gut prolapsed from Anus.	Laparotomy reduction.	Died.
April 22	4219	Male.	38	Strangula- tion in a retro cae- cal pouch	Sudden severe abdomen, pain vomit, mass in Rt. Iliac Fossa for 2 days.	Intestines found gangre- nous, resected, end to end anastomosis.	Died.
May 26	5882	Female.	3	Mickle's Diverti- culum.	5 days absolute constipa- tion, constant vomit- ing Pulse 170 Temp. 39 signs of peritonitis.	Laparotomy removal of Diverticulum. Drainage.	Died.
May 26	5892	Female.	4 months	Intussus- ception of sigmoid.	Prolapsed from rectum History 1½ hours.	Reduced without opera- tion.	Died.
June 5	6301	Male.	65	Intussus- ception (Ileo-ce- cal) due to a papil- loma.	4 days absolute const. occasional bloody mo- tions. Pulse 125. Temp. 35.8.	1st stage, Jejunostomy 2nd stage. Removal of Intussusception by the- mocautery.	Died.
July 10	8025	Male.	50	Volvulus of sigmoid.	10 days absolute con- stipation and faecal vomiting. Pulse 110 Temp. 37.4.	Reduction of Volvulus.	Died.
Aug. 5	9376	Male.	70	Intestinal knot.	Sudden onset pulse 56, severe pain in Lt. iliac fossa no vomiting ab- solute constipation.	Reduction.	Died.
Aug. 23	1034	Female.	45	Intestinal. knot.	Absolute constipation for 3 days with vomiting.	Reduction Evacuation of bowels drainage of peritonitis.	Died.
Aug. 26	10399	Male.	30	Volvulus of sigmoid	3 days history with vomiting. Pulse 110 Temp. 38.	Reduction.	Cured.
Sept. 6.	10919	Female.	53	Enterospa- sm caused	Insane, absolute consti- pation with vomiting 4 days.	Explorotomy Laparoto- my.	Died.
Nov. 25	14361	Male.	35	Bands.	2 days absolute const. with vomiting Pulse 80 Temp. 37.8 old La- parotomy for stab , wounds.	Laparotomy Removal of bands.	Cured.
Dec. 17	15172	Female.	18	Bands.	Pulse 125 Temp. 37.5 constipation 3 days.	Laparotomy Removal of bands.	Died.

CONTUSIONS AND RUPTURED KIDNEYS.

Date of Operation.	Hospital No.	Sex.	Age.	Cause.	Site of injury.	Condition found at Operation.	Treatment.	Result.
1926			Years.					
March 9	2537	Male.	35	Fall from a height.	Right Lumbar.	2 ruptures in Rt. kidney Pulse 96.	Stitched.	Cured.
May 10	5157	Male.	12	Motor-car accident.	Lt. Lumbar region.	contused kidney	Decapsulation	Cured.
July 10	8042	Male.	10	Fall from a height.	Lt. Lumbar with fr. pelvis and humerus.	Rupture of Lt. kidney 3 tears.	Suture of 3 tears. ...	Cured.

N.B.—See No. 1457 in ruptured spleen cases. died.

See No. 11349 in injured gut cured.

INTERNAL HAEMORRHAGE.

Years.	Total.	Died.	Mortality.
			Per cent
1923	10	7	70
1924	16	14	87·5
1925	3	3	100
1926	13	9	69

SURGICAL INPATIENTS.—

Date of Operation.	Hospital No.	Sex.	Age.	Cause.	Site of lesion.	S I G N S		
						Pain.	Pulse.	Temp.
1926			Year.					
January 5	163	Female.	12	Motor-car acci- dent.	Liver under sur- face with fr. Clavicle.	Rt. Hypochon- diac region.	100 weak.	37·2
January 17	588	Male.	13	Motor-car acci- dent.	Under surface 3 tears.	Severe genera- lised over Abdomen.	86 incre- asing by 6 per hour.	37·1 2/3 per hour.
January 20	14155	Male.	7	Motor-car acci- dent.	Under surface of liver.	All over.	120	36·5

N.B.—See reaptured epleen No. 11490 cured and Stab wounds of livre No. 6893 cured.

SURGICAL INPATIENTS.—

Date of operation.	Hospital No.	Sex.	Age.	Cause.	Site of lesion.	S I G N S		
						Pain.	Thirst.	Pulse.
1926			Year.					
October 3 ...	12085	Male.	10	Run over hy a car.	Mesentery and small gut.	Nil.	Nil.	84
November 25	14341	Male.	12	Tram accident.	Mesentery.	Severe with restlessness.	Nil.	Uncount- able.

SURGICAL INPATIENTS.—

Date of Operation.	Hospital No.	Sex.	Age.	Cause.	S I G N S		
					Pain.	Thirst.	Pulse.
1926			Year.				
February 10 ...	1457	Male.	18	Fall from a height.	Severe.	Nil.	110
July 27... ..	8884	Male.	40	?	Colicky all over abdomen.	Nil.	140
September 5 ...	10834	Male.	35	?	All over.	—	5 Days 110
September 19 ...	11471	Male.	20	Blow on abdomen.	Left side.	Nil.	110
September 19 ...	11490	Male.	17	Fall from a height.	Over left side.	Nil.	108
November 4 ...	13457	Male.	25	Motor-car accident.	Over fr. ribs.	Nil.	120
November 25 ...	14373	Male.	30	Stab wound in lower part of chest (Lt. side).	—	Nil.	82

RUPTURED LIVER.

A N D S Y M P T O M S.						TREATMENT.	Result.
Shape of abdomen.	External injury.	Tender.	Rigid.	Dullness.	Thirst.		
—	Nil.	Right Hypo-chondiac.	Nil.	Shifting.	Nil.	Laparotomy and packing.	Cured.
Rounded	Abrasions in Rt. Iliac fossa.	All over.	All over.	Shifting.	Restless and thirsty.	Laparotomy and packing.	Died.
—	Nil.	Left Hypo-chondiac.	All over.	Nil.	Nil.	Laparotomy and packing.	Died.

RUPTURED MESENTERY.

A N D S Y M P T O M S.						TREATMENT.	Result.
Temp.	Shape.	External injury.	Tenderness.	Rigidity.	Dullness.		
36·5	Rounded and a bit distended.	Nil.	Round umbilicus and Epigastric region.	All over.	Nil.	Mesentery and gut stitched peritoneum drained.	Died.
36·6	Rounded.	Lumbar Haematoma.	All Over.		Nil.	Mesentery stitched up.	Died.

RUPTURED SPLEEN.

A N D S Y M P T O M S.						Treatment.	Result.
Temp.	Shape.	Extornal injury.	Tender.	Rigidity.	Dullness.		
37·2	Rounded.	Nil.	Nil.	Rigid	Shifting.	Removal of spleen and kidney.	Died.
40	Distended.	Nil.	All Over.		Both flanks	Splenectomy.	Died.
history, 36	Rounded.	Multiple.	+	Slight rigidity.	+	Splenectomy.	Died.
as well. 36·5	—	—	All Over.		Left flank.	Splenectomy.	Died.
37·5	Distended.	Nil.	All Over.		Nil.	Splenectomy suture of liver.	Cured.
36·5	Rounded.	Nil.	All Over.		Nil.	Splenectomy, Patient had fracture of lower left ribs as well with Haemathorax	Died.
37·5	Normal.	In lower part of chest.		Nil.	Nil.	Splenectomy.	Cured.

ANAESTHESIA.

Under the heading of General Anaesthesia given in the Hospital during the past year the increase of other narcosis at the expense of Chloroform is to be noted. With proper preparation of the patient there is no difficulty in maintaining satisfactory narcosis with Ether even in the hot weather.

We still are much handicapped by the lack of Nitrous Oxide Gas for the rapid and safe induction of anaesthesia and combined with oxygen for the maintenance of anaesthesia all through the operation in suitable cases.

Carbon dioxide has been used in combination with oxygen to some extent for the rapid deetherisation of patients with satisfactory results, and also to a small extent to promote rapid induction with the use of weaker vapours by increasing the amplitude of respiration.

The extraordinary easy and smooth induction of patients of the Hospital class more with either Chloroform or Ether as compared with most Europeans and educated Egyptians, who are much more apt to have a stage of excitement is still very remarkable. This can only be partly due to abstention from alcohol.

Unlike the experience in some other Hospitals, one of which is in Cairo, we are by no means satisfied with the safety of Rectal Ether even when the proportion of Ether in oil is lower than is often used elsewhere.

The number of local and regional anaesthesia has increased but owing to the time involved and the necessity for slower work on the part of the surgeon the number is still small.

As in the past a very large number of operations have been done with spinal analgesia, the drug used being Stovaine. When there are no contraindications spinal analgesia is used for all abdominals whether in lower or upper half of abdomen. The extension of the scope to the upper abdomen was first made in connection with splenectomies in Egyptian Splenomegalies. A certain number of these cases when a general Anaesthesia was used developed Pneumonia.

As it seemed that any general anaesthetic predisposed to this, Stovaine was given usually between the 12th dorsal and 1st lumbar vertebrae. It was found unnecessary to go higher. A large number of operations on upper abdomen have now been done in this way. (Splenectomies done in 1926 numbered 47).

From the surgeons' point of view the relaxation is perfect with intestinal coils completely collapsed to the back of the abdomen. It was recognised that the risk of a serious fall in blood pressure always present with spinal analgesia would be increased when higher levels were selected for puncture.

We have however had no trouble of this sort probably owing to reduction in the dosage employed, from 0.08 g. to 0.06 g. and 0.04 g. and probably also to the method of now keeping the head low as mentioned on page 186 of the Report.

The so called "Stovaine Shock" so commonly seen three or four years ago is now comparatively rare. The outstanding exception to this has been seen in Caesarian Section. It seems that in full time pregnancies certain cases which cannot be recognised before, are liable to develop alarming symptoms of low blood pressure. Spinal Analgesia would undoubtedly appear to be dangerous and better abandoned in operations on women in the later months of pregnancy. It is worthy of note that similar trouble has not arisen in cases of large pelvic tumours such as Ovarian Cysts or Myomata.

We were able to procure the first samples put on the market of two new local anaesthetics, Borocaine and Beta Borocaine. By annual experiment in the Laboratories at Cambridge it had been shown that these drugs were of extremely low toxicity, that like Cocaine they produced anaesthesia when applied to a mucous surface, that when infiltrated into the tissues the analgesia produced was equal though not better than Novocaine, and that they were absorbed into the system slowly, with the probability of producing a prolonged analgesia.

These findings led us to the hope that these drugs might be a great advance on others if used intrathecally. This was accordingly tried in a series of cases mostly of Hernia and Piles. The results were entirely disappointing. The analgesia produced was of much shorter duration and no matter at what level the drugs were given could only be got to affect the sacral and lower lumbar roots. An interesting point was that when the injection was made with the patient lying on his side the analgesia always reached a higher level on the side which had been lowest at the time of injection.

A marked fall in blood pressure was evident and several of the patients were very sick. The analgesia produced while fairly satisfactory for short operation in the anal or vulvar regions was too uncertain for routine work.

Beta Borocaine, which has the higher surface anaesthetic value, is useful and safe for injecting into the urethra to produce a surface analgesia prior to Cystoscopy and the like. There is not the danger of toxic symptoms evident when Cocaine is used for this purpose.

As a local anaesthetic the drugs have no advantages over Novocaine.

MEDICAL IN-PATIENTS.

DISEASES AND OTHERS.	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
1. Nervous System and Muscle	780	613	167	569	160	44	7
2. Respiratory System	742	601	141	470	113	131	28
3. Circulatory System	475	359	116	294	90	65	26
4. Digestive System	725	512	213	451	197	61	16
5. Urinary System.	317	281	36	247	32	34	4
6. Fevers	360	286	74	270	71	16	3
7. Spleen and Blood	104	84	20	77	19	7	1
8. Deficiency	91	82	9	75	9	7	—
9. Ductless glands	8	4	4	4	4	—	—
10. Metabolic... ..	65	49	16	46	15	3	1
11. Senility	74	40	34	22	27	18	7
12. Rheumatic	63	43	20	42	20	1	—
13. Worms	233	208	25	198	24	10	1
14. Poisons	885	588	297	571	276	17	21
15. Skin and Venereal	471	384	87	382	87	2	—
16. Miscellaneous	49	23	26	18	25	5	1
TOTAL	5,442	4,157	1,285	3,736	1,169	421	116
1. NERVOUS SYSTEM:—							
Brain:—							
Aphasia	7	6	1	6	—	—	1
Bulbar paralysis	2	2	—	2	—	—	—
Cerebral Haemorrhage... ..	10	7	3	6	1	1	2
Cerebral thrombosis	1	1	—	1	—	—	—
Cerebral Tumour	3	1	2	1	2	—	—
Chorea	19	9	10	9	10	—	—
Cerebro spinal syphilis	3	2	1	2	1	—	—
Cerebellar disease	4	4	—	4	—	—	—
Encephalitis	45	39	6	37	5	2	1
Epilepsy	31	29	2	28	2	1	—
Coma	1	—	1	—	—	—	1
G. P. I.	9	7	2	6	2	1	—
Headache	3	3	—	3	—	—	—
Hemiplegia	144	102	42	84	12	18	—
Hysteria	15	9	6	9	6	—	—
Insane	294	240	54	240	54	—	—
Migraine	1	1	—	1	—	—	—
Monoplegia	1	1	—	1	—	—	—
Neurasthenia	1	1	—	1	—	—	—
Oculo Motor paralysis... ..	1	1	—	1	—	—	—
Optic atrophy	1	1	—	1	—	—	—
Paralysis agitans	10	10	—	8	—	2	—
Polio Encephalitis et polio myelitis...	11	8	3	7	3	1	—
Pontine Haemorrhage	3	2	1	—	—	2	1
Pseudo bulbar paralysis	1	1	—	—	—	1	—
Cord:—							
Amyotrophic lateral sclerosis	2	2	—	2	—	—	—
Brown sequard syndrome	1	1	—	1	—	—	—
Dissiminated sclerosis	2	1	1	1	1	—	—
Lateral Sclerosis	2	2	—	2	—	—	—
Myelitis	36	32	4	27	4	5	—
Progressive muscular atrophy	3	3	—	3	—	—	—
Spastic paraplegia... ..	22	15	7	13	6	2	1
Subacute combined Degeneration	2	2	—	2	—	—	—
Tabes Dorsales	2	2	—	1	—	1	—
Tumour of cord	1	1	—	1	—	—	—
Meninges:—							
Epidemic Cerebro-spinal meningitis...	3	3	—	2	—	1	—
Meningitis	7	7	—	4	—	3	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

MEDICAL IN-PATIENTS (continued).

1. NERVOUS SYSTEM, (cont.):—							
Nerves :—							
Facial paralysis	23	16	7	14	7	2	—
Foot drop	2	—	2	—	2	—	—
Peripheral Neuritis	14	14	—	14	—	—	—
Sciatica	17	14	3	14	3	—	—
Wrist drop	2	2	—	2	—	—	—
Muscles :—							
Pseudo hypertrophic muscular dystrophy	5	2	3	2	3	—	—
Other cases	8	5	3	4	3	1	—
2. RESPIRATORY SYSTEM :—							
Nose :—							
Coryza	1	1	—	1	—	—	—
Nasal obstruction	1	—	1	—	1	—	—
Larynx :—							
Laryngeal obstruction	1	1	—	1	—	—	—
Laryngismus striducous	1	—	1	—	1	—	—
Bronchi :—							
Acute Bronnchitis... ..	45	35	10	35	10	—	—
Asthma	57	48	9	47	9	1	—
Bronchiectasis	5	5	—	3	—	2	—
Chronic Bronchitis	88	76	12	69	11	7	1
Lungs :—							
Abscess of lung	2	2	—	2	—	—	—
Broncho pneumonia	66	48	15	33	10	15	8
Emphysema	42	37	5	35	5	2	—
Gangrene of lung	2	2	—	—	—	2	—
Interstitial pneumonia... ..	3	3	—	2	—	1	—
Malignant tumour of lung... ..	1	—	1	—	1	—	—
Pneumonia	61	55	6	37	3	18	3
Pulmonary tuberculosis	304	235	69	156	53	79	16
Spirochaetosis	6	6	—	5	—	1	—
Pleura :—							
Empyema	6	3	3	2	2	1	1
Hydropneumothorax	2	2	—	2	—	—	—
Pleurisy	35	30	5	30	5	—	—
Other Cases :—							
Drowned	7	7	—	7	—	—	—
Mediastinal tumour	6	5	1	3	1	2	—
3. CIRCULATORY SYSTEM:—							
Heart :—							
Congenital	1	1	—	1	—	—	—
Pericardium :—							
Pericarditis	6	4	2	3	1	1	1
Myocardium :—							
Myocarditis	3	2	1	2	1	—	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

MEDICAL IN-PATIENTS (continued).

3. CIRCULATORY SYSTEM (cont.) :—

Valvular :—

Malignant endocarditis	2	—	2	—	1	—	1
Aortic Reg.	6	4	2	3	2	1	—
Double Aortic	9	7	2	5	1	2	1
Mitral Reg.	14	10	4	10	4	—	—
Mitral Stenosis	24	15	9	15	9	—	—
Double Mitral	29	17	12	17	12	—	—

Irregularities :—

Auricular Fibrillation	13	8	5	8	5	—	—
Bradycardia	1	1	—	1	—	—	—
Extrasystoles	1	—	1	—	1	—	—
Pulsus alternans	1	1	—	1	—	—	—
Tachy cardia	2	2	—	2	—	—	—

Heart Failure :—

Heart failure	92	69	23	50	19	19	4
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Due to :—

Chronic Bronchitis	143	132	11	104	8	28	3
Nephritis	43	24	19	20	8	4	11
Valvular disease	45	31	14	24	9	7	5
with auricular fibrillation	14	10	4	8	4	2	—

Blood Vessels :—

Angina Pectoris	1	1	—	1	—	—	—
Aneurism	7	7	—	7	—	—	—
Aortitis	8	7	1	7	1	—	—
Arteriosclerosis	7	5	2	4	2	1	—
Intermittent claudication	1	1	—	1	—	—	—
Raynaud's disease	1	—	1	—	1	—	—
Vaso motor changes	1	—	1	—	1	—	—

4. DIGESTIVE SYSTEM :—

Mouth :—

Stomatitis	3	2	1	2	1	—	—
Tonsillitis	36	18	18	18	18	—	—

Oesophagus :—

Cancer	1	1	—	1	—	—	—
Stenosis	8	7	1	7	1	—	—

Stomach :—

Cancer	2	2	—	2	—	—	—
Dilatation	1	1	—	1	—	—	—
Dyspepsia	57	13	44	11	44	2	—
Gastritis	13	10	3	10	3	—	—
Gastralgia	1	—	1	—	1	—	—
Haematemesis	1	1	—	1	—	—	—
Ulcer	18	10	8	10	8	—	—

Intestine :—

Appendicitis	2	1	1	1	1	—	—
Colitis	8	4	4	4	4	—	—
Constipation	8	7	1	7	1	—	—
Diarrhea	14	10	4	7	3	3	1
Duodenal ulcer	1	—	1	—	1	—	—
Dysentery	127	112	15	98	14	14	1
Enteritis	23	10	13	9	12	1	1
Entroptosis	3	2	1	2	1	—	—
Intestinal Colic	19	17	2	17	2	—	—
„ obstruction	8	5	3	4	2	1	1

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female	Male.	Female.

MEDICAL IN-PATIENTS (continued).

4. DIGESTIVE SYSTEM (cont.):—

Peritoneum:—

Malignant	1	1	—	—	—	1	—
Tubercular	42	21	21	18	18	3	8
Ascitis	20	12	8	9	7	3	1

Liver:—

Acute yellow atrophy	4	2	2	1	1	1	1
Biliary colic	2	1	1	1	1	—	—
Cancer	5	5	—	1	—	4	—
Cholemia	1	1	—	—	—	1	—
Cholecystitis	8	5	3	5	3	—	—
Cirrhosis of liver	90	75	15	66	13	9	2
Cirrhosis of splenomegaly	113	89	24	80	24	9	—
Gumma of liver	7	5	2	5	2	—	—
Hepatitis	7	6	1	5	1	1	—
Jaundice	44	36	8	34	8	2	—
Lut us gravis	2	2	—	—	—	2	—
Liver Abscess	5	2	3	2	3	—	—
Liver Tumour	4	2	2	1	1	1	1]
Tumour of gall bladder	1	—	1	—	1	—	—
Wiel's disease	1	1	—	1	—	—	—

Pancreas:—

Cyst	2	2	—	2	—	—	—
Tumours of abdomen	11	10	1	7	1	3	—
Abdominal tic	1	—	—	1	—	—	—

5. URINARY SYSTEM:—

Albuminuria	1	1	—	1	—	—	—
Acute Nephritis	14	12	2	10	2	2	—
Bacilluria	1	1	—	1	—	—	—
Chronic Nephritis	106	87	19	67	16	20	3
Cystitis	11	11	—	11	—	—	—
Hæmoglobinuria	1	—	1	—	1	—	—
Hydronephrosis	3	3	—	2	—	1	—
Incontinence of urine	1	—	1	—	1	—	—
Pyelitis	13	9	4	9	4	—	—
Prostatitis	2	2	—	2	—	—	—
Pyonephrosis	5	3	2	3	2	—	—
Renal Calculus	1	1	—	1	—	—	—
Renal Colic	143	139	4	139	4	—	—
Uræmia	15	13	2	2	1	11	1

6. FEVERS:—

Convalescence	8	5	3	5	3	—	—
Diphtheria	3	2	1	2	1	—	—
Fever of ? nature	36	27	9	23	9	4	—
Influenza	131	99	32	99	32	—	—
Malaria	37	34	3	34	3	—	—
Malta Fever	2	2	—	2	—	—	—
Measles	6	5	1	5	1	—	—
Mumps	2	1	1	1	1	—	—
Paratyphoid	6	4	2	4	2	—	—
Rheumatic fever	83	73	10	73	10	—	—
Tetanus	19	15	4	5	1	10	3
Typhoid	25	18	7	16	7	2	—
Typhus	1	—	1	—	1	—	—
Vaccinia	1	1	—	1	—	—	—

STATISTICS IN-PATIENTS (*continued*).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

MEDICAL IN-PATIENTS (*continued*).

7. SPLEEN AND BLOOD:—

Spleen:—

Splenomegaly	65	54	11	48	10	6	—
Tumours... ..	1	1	—	1	—	—	—

Blood:—

Anæmia	21	18	3	18	3	—	—
Epistaxis	3	3	—	3	—	—	—
Hodgkins	8	3	5	3	5	—	—
Purpura	3	2	1	1	1	1	—
Thrombosis	2	2	—	2	—	—	—
Urticaria... ..	1	1	—	1	—	—	—

8. DEFICIENCY DISEASES:—

Pellagra	89	80	9	73	9	7	—
Rickets	2	2	—	2	—	—	—

9. DISEASES OF DUCTLESS GLANDS:—

Acromegally	1	1	—	1	—	—	—
Diabetes insipidus	2	1	1	1	1	—	—
Exophthalmic goitre	5	2	3	2	3	—	—

10. DISORDERS OF METABOLISM:—

Diabetes mellitus	59	47	12	44	12	3	—
Malnutrition	6	2	4	2	3	—	1

11. SENILITY:—

Senility	74	40	34	22	27	18	7
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12. RHEUMATIC DISEASES:—

Rheumatic diseases	63	43	20	42	20	1	—
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13. WORMS:—

Ankylostomiasis	67	59	8	59	8	—	—
Bilharzia of rectum	42	41	1	41	1	—	—
Bilharzia & Ankylostoma	62	53	4	50	3	8	1
Filaria	6	—	6	—	6	—	—
Tape worm	4	2	2	2	2	—	—
Bilharziasis	—	—	—	—	—	—	—

14. POISONS:—

Alkali Poison	4	3	1	3	1	—	—
Alcoholic poison	164	153	11	153	11	—	—
Aqua Regia	1	1	—	1	—	—	—
Arsenic	1	—	1	—	1	—	—
Benzine	1	1	—	1	—	—	—
Carbolic acid	46	41	5	39	4	2	1
Carbon tetrachloride	1	1	—	1	—	—	—
Cocaine	11	10	1	10	1	—	—
Colocynth	1	1	—	1	—	—	—
Castor oil seed	1	1	—	1	—	—	—
Datura	8	8	—	7	—	1	—
Gas	1	1	—	1	—	—	—
Hashish	8	8	—	8	—	—	—
Heroïne	3	3	—	3	—	—	—
Lysol	3	2	1	2	1	—	—
Manzool	64	63	1	61	1	2	—
Morphia	2	2	—	2	—	—	—
Mercury	6	5	1	5	1	—	—
Nitric acid	2	—	2	—	2	—	—

STATISTICS IN-PATIENTS (*continued*).

DISEASES AND OTHERS.	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female

MEDICAL IN-PATIENTS (*continued*).

14. POISONS (<i>cont.</i>):—							
Opium	8	8	—	2	—	6	—
Petroleum	10	4	6	4	6	—	—
Potassium Permanganate	1	1	—	1	—	—	—
Ptomaine	199	115	84	113	82	2	2
Scorpion	291	122	169	119	152	3	17
Snake	4	2	2	2	2	—	—
Spider	1	1	—	1	—	—	—
Tartar Emetic	1	1	—	1	—	—	—
? Poisoning	42	30	12	28	11	2	1

SURGICAL IN-PATIENTS.

<i>Acute Infections :—</i>							
Cancrum oris	5	1	5	1	—	—	5
Acute abscess	218	163	55	149	52	14	3
Cellulitis	145	124	21	119	19	5	2
Erysipelas	315	280	35	248	26	32	9
Nile boil	3	2	1	2	1	—	—
Whitlow	11	7	4	7	4	—	—
<i>CHRONIC INFECTIONS :—</i>							
<i>A. Specific :—</i>							
Tubercular abscess	5	3	2	3	2	—	—
Leishmaniasis	4	4	—	4	—	—	—
Madura foot	5	3	2	3	2	—	—
Other Granulomata	1	1	—	1	—	—	—
Tuberculous ulcer	2	1	1	1	1	—	—
<i>B. Non-Specific :—</i>							
Ulcer	17	12	5	10	4	2	1
Perforating ulcer	2	1	1	1	1	—	—
Sinus	11	8	3	8	3	—	—
Fistula	3	2	1	2	1	—	—
<i>Gangrene:—</i>							
Senile gangrene	8	6	2	3	1	3	1
Gangrene of limbs	20	17	3	10	3	7	—
Gas gangrene	11	11	—	2	—	9	—
Carbuncle	5	4	1	3	1	1	—
Red sores	1	—	1	—	1	—	—
<i>General Infections :—</i>							
Septicaemia	1	1	—	—	—	1	—
Pyæmia... ..	6	6	—	4	—	2	—
Sapraemia	1	—	1	—	1	—	—
<i>Scars :—</i>							
Contracted scar	15	8	7	8	7	—	—
Keloid	3	2	1	2	1	—	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (continued).

DISEASES OF THE BLOOD VESSELS :—							
Arterial haemorrhage	3	1	2	1	2	—	—
Varicose veins	5	4	1	4	1	—	—
„ ulcer	6	5	1	4	1	1	—
Thrombosis of veins	6	4	2	2	2	2	—
Phlebitis... ..	11	8	3	8	2	—	1
Raynauds disease... ..	2	2	—	2	—	—	—
DISEASES OF MUSCLES AND TENDONS :—							
Myositis ossificus	2	1	1	1	1	—	—
Ganglions	4	4	—	4	—	—	—
Rupture of muscle	1	1	—	1	—	—	—
Rupture Tendo-achellis	2	2	—	2	—	—	—
BURNS AND SCALDS	317	146	171	86	78	60	93
Animal bites :—							
Dog bite	1060	813	247	813	246	—	1
Wolf bite	15	14	1	14	1	—	—
Camel bite	59	55	4	55	4	—	—
Donkey bite	47	42	5	42	5	—	—
Mule bite	5	5	—	5	—	—	—
Horse bite	35	34	1	34	1	—	—
Ape bite	17	12	5	12	5	—	—
Rat bite	3	3	—	3	—	—	—
Cat bite	28	21	7	21	7	—	—
Fox bite	4	4	—	4	—	—	—
Human bite	2	2	—	2	—	—	—
Hydrophobia	13	9	4	—	—	9	4
AFFECTIONS OF SCALP :—							
Angioma... ..	1	1	—	1	—	—	—
Epithelioma	1	1	—	—	—	1	—
FACE :—							
Epithelioma of face	7	4	3	4	3	—	—
Rodent ulcer... ..	1	1	—	1	—	—	—
Tumours of orbit	6	1	5	1	5	—	—
Harelip	9	5	4	5	4	—	—
Epithelioma of lip	1	—	1	—	1	—	—
Parotid tumours	5	3	2	3	2	—	—
MOUTH :—							
Ranula	5	3	2	3	2	—	—
Cancer of larynx	1	1	—	—	—	1	—
JAW :—							
Sarcoma of upper jaw	2	2	—	2	—	—	—
„ „ lower „	1	—	1	—	1	—	—
Epulis of jaw... ..	2	—	2	—	2	—	—
Cancer of jaw	1	1	—	1	—	—	—
Sarcoma of lower jaw	2	1	1	1	1	—	—
Pyorrhoea Alveolaris	1	1	—	1	—	—	—
Osteoma of lower jaw	1	1	—	1	—	—	—
Other tumours of jaws... ..	1	1	—	1	—	—	—
Dentigerous cyst	6	3	3	3	3	—	—
Alveolar abscess	6	6	—	6	—	—	—
Necrosis of jaw	1	1	—	1	—	—	—

STATISTICS IN-PATIENTS (*continued*).

DISEASES AND OTHERS	TOTAL	MALE	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS. (*continued*).

TONGUE:—							
Mass of tongue	1	1	—	1	—	—	—
Cancer of tongue	7	5	2	5	1	—	1
NECK:—							
Ludwig's Angina	1	1	—	1	—	—	—
Goitre	33	16	17	15	17	1	—
Ex-ophthalmic goitre	1	—	1	—	1	—	—
Malignant goitre	2	1	1	1	1	—	—
Cyst of neck	1	1	—	1	—	—	—
Thyroglossal cyst	1	—	1	—	1	—	—
LYMPHATIC SYSTEM:—							
Cystic hygroma	1	—	1	—	1	—	—
Elephantiasis	4	4	—	4	—	—	—
Tubercular glands	63	33	30	32	30	1	—
Lymphadenoma	2	2	—	2	—	—	—
Acute adenitis	4	2	2	2	2	—	—
Hodgkins disease	3	3	—	3	—	—	—
GENITO URINARY:—							
<i>Kidney:—</i>							
Horse-shoe-kidney	1	1	—	—	—	1	—
Renal colic	12	8	4	8	4	—	—
Renal calculus	22	18	4	18	4	—	—
Pyelitis	5	4	1	3	—	1	1
Hydronephrosis	18	16	2	14	1	2	1
Pyonephrosis	22	18	4	14	4	4	—
Perinephric abscess	6	6	—	4	—	2	—
Other tumours of kidney	1	—	1	—	—	—	1
Ruptured kidney	2	2	—	1	—	1	—
Renal fistula	3	3	—	2	—	1	—
Pyo-nephritis	1	1	—	1	—	—	—
<i>Ureter:—</i>							
Stone of ureter	17	15	2	15	2	—	—
Bilharzia of ureter	1	1	—	1	—	—	—
Ureteric fistula	2	2	—	1	—	1	—
<i>Bladder:—</i>							
Ruptured bladder	2	2	—	—	—	2	—
Bilharziasis	29	25	4	23	2	2	2
Cystitis	11	10	1	7	1	3	—
Vesical calculus	83	80	3	77	3	3	—
Malignant bladder	15	13	2	10	2	3	—
Perivesical abscess	4	4	—	3	—	1	—
Retention of urine	6	4	2	4	2	—	—
Vesical fistula	4	4	—	4	—	—	—
Incontinence of urine	3	2	1	2	1	—	—
Strangury	1	1	—	1	—	—	—
<i>Prostate:—</i>							
Enlarged prostate	52	52	—	44	—	8	—
Malignant prostate	3	3	—	1	—	2	—
<i>Cord:—</i>							
Bilharzial masses of cord	2	2	—	2	—	—	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (continued).

<i>Urethra:—</i>							
Ruptured Urethra	6	4	2	2	2	2	—
Hypospadias	3	3	—	3	—	—	—
Stricture of urethra	7	7	—	7	—	—	—
Impacted stone of urethra	26	25	1	25	1	—	—
Periurethral abscess	45	45	—	45	—	—	—
Urinary fistula	49	49	—	42	—	7	—
Phimosis... ..	1	1	—	1	—	—	—
<i>Diseases of Penis:—</i>							
Ulcer of penis	1	1	—	1	—	—	—
<i>Scrotum and Its Contents:—</i>							
Cangrene of scrotum	19	19	—	15	—	4	—
Elephantiasis of scrotum	5	5	—	5	—	—	—
Undescended testicles	2	2	—	2	—	—	—
Orchitis	24	24	—	24	—	—	—
Tubercular Epidydimitis	5	5	—	5	—	—	—
Hydrocele	149	149	—	149	—	—	—
Hematocele	5	5	—	5	—	—	—
Lymphocele	2	2	—	2	—	—	—
Funiculitis	7	7	—	7	—	—	—
Hydrocele of cord... ..	2	2	—	2	—	—	—
Varicocele	43	43	—	43	—	—	—
Epididymitis (Bilharzia & Gonorrhoea)	4	4	—	4	—	—	—
Hernia testis	3	3	—	3	—	—	—
<i>Chest:—</i>							
Contusion of chest wall	18	16	2	16	2	—	—
Incised wound of chest wall	8	6	2	6	2	—	—
Penetrating wounds (stabs)	22	21	1	17	1	4	—
Empyema	20	19	1	15	1	4	—
Hydro-thorax	1	1	—	1	—	—	—
Necrosis of ribs	6	2	4	2	4	—	—
<i>Breast:—</i>							
Acute mastitis	1	—	1	—	1	—	—
Mammary abscess... ..	11	—	11	—	11	—	—
Cancer of breast	17	—	17	—	14	—	3
Sarcoma of breast... ..	1	—	1	—	—	—	1
Gangrene of breast	1	—	1	—	1	—	—
Cyst adenoma of breast	1	—	1	—	1	—	—
<i>Spine:—</i>							
Spina bifida	4	—	4	—	4	—	—
Pott's disease... ..	48	32	16	28	16	4	—
Contusion of spine	9	8	1	8	1	—	—
Fractured spine	32	28	4	21	2	7	2
Cervical rib	2	2	—	2	—	—	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (continued).

<i>Wounds:—</i>							
Contused wounds	99	82	17	81	17	1	—
Flap wounds	11	7	4	7	4	—	—
Incised wound	43	33	10	33	9	—	1
Lacerated wound	54	47	7	45	7	2	—
Stab wound	21	19	2	17	2	2	—
Bullet wound	40	37	3	35	3	2	—
Septic wound... ..	14	9	5	9	5	—	—
Contused wounds of scalp	57	37	20	36	18	1	2
<i>Fractures:—</i>							
<i>Head:—</i>							
Simple fissured fracture of vault ...	12	11	1	9	1	2	—
Compound fissured fracture of vault	7	7	—	6	—	1	—
Simple depressed fracture of vault...	57	48	9	32	2	16	7
Compound depressed fracture of vault.	30	27	3	24	2	3	1
Fractured base of skull	85	65	20	33	13	32	7
Compound fracture of maxilla	10	9	1	9	1	—	—
Simple fracture of mandible	1	1	—	1	—	—	—
Compound fracture of mandible... ..	11	10	1	9	1	1	—
Simple Fracture of clavicle	61	46	15	46	15	—	—
Compound fracture of clavicle	4	4	—	4	—	—	—
Simple fracture of scapula	11	10	1	9	1	1	—
Compound fracture of scapula	—	—	—	—	—	—	—
Simple fracture of humerus... ..	67	55	12	55	11	—	1
Compound fracture of Humerus ...	18	11	7	9	5	2	2
Simple fracture of ulna	57	47	10	46	10	1	—
Compound fracture of ulna... ..	15	9	6	9	6	—	—
Simple fracture of radius	46	39	7	38	7	1	—
Compound fracture of radius	5	4	1	4	—	—	1
Simple fracture of ulna and radius ...	34	25	9	24	9	1	—
Compound fracture of ulna and radius	12	12	—	11	—	1	—
Simple fracture of metacarpals and phalanges	9	6	3	6	3	—	—
Compound fracture of metacarpals and phalanges	17	16	1	16	1	—	—
Simple fracture of pelvis	37	29	8	19	7	10	1
„ „ „ ribs	56	48	8	37	7	11	1
„ „ „ nasal bones	17	13	4	12	4	1	—
Simple fracture of neck of femur ...	10	7	3	7	3	—	—
„ „ „ shaft of femur ...	118	88	30	84	30	4	—
Compound fracture of shaft of femur	7	6	1	4	—	2	1
Simple fracture of condyle of femur...	1	1	—	1	—	—	—
„ „ „ patella	10	7	3	7	3	—	—
„ „ „ tibia	50	42	8	42	8	—	—
Compound fracture of tibia... ..	3	3	—	3	—	—	—
Simple fracture of fibula	1	1	—	1	—	—	—
„ „ „ tibia and fibula ...	139	124	15	122	15	2	—
Compound fracture of tibia and fibula	62	53	9	50	8	3	1
Simple fracture of tarsus	2	1	1	1	1	—	—
Simple fracture of metatarsals and phalanges	17	15	2	15	2	—	—
Compound fracture of metatarsals and phalanges	9	9	—	9	—	—	—
Simple multiple fracture	62	53	9	36	4	17	5
Compound multiple fracture	1	—	1	—	—	—	1
Separation of Epiphysis	1	—	1	—	1	—	—
Fracture zyogmatic arch	1	1	—	1	—	—	—
Undiagnosed	1	1	—	—	—	1	—

STATISTICS IN-PATIENTS (*continued*).

DISEASES AND OTHERS	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (*continued*).

CRUSHES :

Lower Limbs	8	6	2	5	2	1	—
Hæmatoma of scalp	62	35	27	35	27	—	—
Compression	7	6	1	3	—	3	1
Concussion	161	100	61	86	49	14	12
Cerebral irritation... ..	—	—	—	—	—	—	—
Septic meningitis	1	1	—	—	—	1	—
Extra-dural abscess	1	1	—	1	—	—	—
Hydrocephalus	3	—	3	—	3	—	—
Cerebellar tumour	—	—	—	—	—	—	—
Cerebral tumour	—	—	—	—	—	—	—

DISEASES OF BONES :—

Epiphysitis	9	7	2	7	2	—	—
Periostitis	6	4	2	4	2	—	—
Acute osteomyelitis	15	10	5	8	4	2	1
Chronic osteomyelitis	11	11	—	10	—	1	—
Caries	4	3	1	3	1	—	—
Necrosis	88	59	29	53	27	6	2
Myeloma	2	2	—	2	—	—	—
Periosteal sarcoma	2	2	—	2	—	—	—
Rachets of bones	1	—	1	—	1	—	—
Fibro cystic disease	1	1	—	1	—	—	—
Miscellaneous... ..	6	3	3	3	3	—	—

JOINTS :—

Injuries :—

Contusions	38	33	5	33	5	—	—
Sprains	1	1	—	1	—	—	—

Dislocations :—

Tempo-maxillary	1	—	1	—	1	—	—
Sterno-clavicular	1	1	—	1	—	—	—
Acromio-clavicular	1	1	—	1	—	—	—
Shoulder	9	7	2	5	1	2	1
Elbow	2	1	1	1	1	—	—
Wrist	1	1	—	1	—	—	—
Hip	3	3	—	2	—	1	—
Knee	1	1	—	1	—	—	—
Ankle	2	2	—	2	—	—	—
Congenital Dislocation of hips	1	1	—	1	—	—	—

Diseases :—

Septic Synovitis	1	1	—	1	—	—	—
Synovitis of hip	1	1	—	1	—	—	—
„ knee	28	24	4	24	4	—	—
Traumatic Synovitis	6	6	—	6	—	—	—
Gonorrhœa Synovitis	1	1	—	1	—	—	—
Septic Arthritis of Elbow	1	—	1	—	1	—	—
„ „ Wrist	1	1	—	1	—	—	—
Wrist drop	1	1	—	1	—	—	—
Shoulder drop	1	1	—	1	—	—	—
Septic corn	1	1	—	1	—	—	—
Trigeminal neuralgia	1	—	1	—	1	—	—
Tubercular disease of Elbow	12	8	4	8	4	—	—
„ „ Wrist	4	4	—	4	—	—	—
„ „ Hip	48	31	17	31	17	—	—
„ „ Knee	23	14	9	14	9	—	—

STATISTICS IN-PATIENTS (*continued*).

DISEASES AND OTHERS	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male	Female.

SURGICAL IN-PATIENTS (*continued*).

<i>Diseases (cont.) :—</i>							
Tubercular disease of Ankle	6	4	2	4	2	—	—
Tarso-metatarsal	1	—	1	—	1	—	—
Osteo-arthritis of hip	1	—	1	—	1	—	—
„ „ knee	2	1	1	1	1	—	—
Ankylosis of Temporo-maxillary ...	2	2	—	2	—	—	—
„ „ Elbow	5	4	1	4	1	—	—
„ „ Wrist	1	1	—	1	—	—	—
„ „ Knee	4	4	—	4	—	—	—
„ „ Ankle	1	1	—	1	—	—	—
Sacro-iliac disease	1	1	—	1	—	—	—
<i>Diseases of Bursae :—</i>							
Bursitis	1	—	1	—	1	—	—
<i>DEFORMITIES :—</i>							
Infantile paralysis	5	3	2	3	2	—	—
Traumatic paralysis	4	4	—	4	—	—	—
Genu vulgum... ..	5	2	3	1	3	1	—
„ varum	1	—	1	—	1	—	—
Coxa vara	1	—	1	—	1	—	—
Talipes equino-varus	10	6	4	6	4	—	—
Flat foot... ..	2	2	—	2	—	—	—
Foot drop	1	1	—	1	—	—	—
Torticollis	2	2	—	2	—	—	—
<i>TUMOURS :—</i>							
Fibroma	4	—	4	—	4	—	—
Lipoma	22	12	10	12	10	—	—
Sarcoma	37	30	7	27	5	—	—
Epithelioma	5	4	1	4	—	—	1
Rodent ulcer	22	14	8	13	7	1	1
Teratoma	2	2	—	2	—	—	—
Dermoid cyst... ..	3	2	1	2	1	—	—
Angioma... ..	3	1	2	1	2	—	—
Carcinoma	1	—	1	—	1	—	—
Malignant ulcer after keloid	2	2	—	2	—	—	—
Glioma	1	1	—	1	—	—	—
Nævus	1	1	—	1	—	—	—
Undiagnosed tumour	17	9	8	8	8	1	—
<i>ABDOMEN :—</i>							
Incised wounds of abdominal wall ...	2	2	—	2	—	—	—
Penetrating wounds	10	10	—	8	—	2	—
Fœcal fistula	1	—	1	—	1	—	—
Biliary fistula... ..	1	—	1	—	1	—	—
? Tumour of abdominal wall	1	—	1	—	1	—	—
Cancer of abdominal wall	1	1	—	1	—	—	—
<i>ACUTE ABDOMEN :—</i>							
Ruptured liver	5	4	1	2	1	2	—
„ spleen	7	7	—	2	—	5	—
„ Mesentery	2	2	—	—	—	2	—
„ stomach	2	2	—	—	—	2	—
„ small intestines	13	11	2	5	—	6	2
<i>ACUTE INTESTINAL OBSTRUCTION :—</i>							
By Tumours	2	1	1	—	—	1	1
Volvulus... ..	2	2	—	1	—	1	—
Bands	3	2	1	1	—	1	1
Intussusception	5	3	2	1	1	2	1

STATISTICS IN-PATIENTS (*continued*)

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (*continued*).

ACUTE INTESTINAL OBSTRUCTION (<i>cont.</i>):—							
Meckle's diverticulum	2	2	—	1	—	1	—
Intraperitoneal hernia	2	2	—	1	—	1	—
Imperforate anus	2	1	1	—	—	1	1
Intestinal knot	2	1	1	—	—	1	1
ACUTE PERITONITIS :—							
General purulent	20	12	8	4	4	8	4
„ tubercular	4	3	1	2	—	1	1
Local acute appendicitis	23	18	5	16	4	2	1
„ appendicular abscess... ..	11	9	2	7	1	2	1
Chronic appendicitis	16	15	1	14	1	1	—
Appendicular mass	4	4	—	3	—	1	—
Chronic intestinal obstruction	1	1	—	1	—	—	—
Contusion of stomach	2	1	1	1	1	—	—
Cancer of stomach	3	3	—	2	—	1	—
Gastric ulcer	3	3	—	1	—	2	—
Duodenal ulcer	2	2	—	2	—	—	—
Liver abscess	11	11	—	6	—	5	—
Hydatid cyst of liver	1	1	—	1	—	—	—
Gall stones	3	2	1	2	1	—	—
Cholecystitis	4	2	2	2	2	—	—
Empyœma of gall bladder	1	—	1	—	—	—	1
Endemic splenomegaly	47	37	10	35	9	2	1
Subdiaphragmatic abscess	1	1	—	—	—	1	—
Cancer of pancreas	1	1	—	1	—	—	—
? Tumour of abdomen	4	4	—	3	—	1	—
Retro-peritoneal sarcoma	7	4	3	4	3	—	—
Swallowed bodies	6	6	—	6	—	—	—
Blows on abdomen(put under observa- tion)	15	12	3	12	3	—	—
HERNIA :—							
Indirect Inguinal hernia	303	299	4	299	4	—	—
Recurrent inguinal hernia	13	13	—	13	—	—	—
Irreducible inguinal hernia	4	4	—	4	—	—	—
Obstructed inguinal hernia	1	1	—	1	—	—	—
Strangulated inguinal hernia	72	72	—	65	—	7	—
Femoral hernia	3	1	2	1	2	—	—
Umbilical hernia and para	8	5	3	5	3	—	—
Ventral hernia	26	9	17	9	16	—	1
Strangulated ventral hernia	2	—	2	—	2	—	—
Incisional hernia	7	4	3	4	3	—	—
Inflamed hernia	1	—	1	—	1	—	—
Sliding inguinal hernia	2	2	—	2	—	—	—
COLON AND RECTUM :—							
Colitis	1	1	—	1	—	—	—
Bilharzia of rectum	6	6	—	6	—	1	—
Prolapse of rectum	32	28	4	25	4	—	—
Stricture of rectum	4	2	2	2	2	3	—
Cancer of rectum	6	5	1	2	—	3	1
Piles	157	147	10	146	10	1	—
Piles with abscess... ..	2	2	—	2	—	—	—
„ „ fistula	1	1	—	1	—	—	—
„ „ anal fissure	5	5	—	5	—	—	—
Anal abscess	8	8	—	8	—	—	—
Anal fissure	6	6	—	6	—	—	—
Anal fistula	48	42	6	42	6	—	—
Ischio-rectal abscess	11	9	2	9	2	—	—
Anal stricture	1	1	—	1	—	—	—
Tumour of Cæcum and Sigmoid... ..	3	2	1	1	—	1	1

OPERATIONS.

GENERAL SURGERY.

6288 operations were performed in the Hospital during this year. Out of these:—
2097 done in the general Theatre.
1120 done in the Ophthalmic Theatre.
143 (with anaesthetic) } done in Ear, Nose and Throat Theatre.
277 (without anaesthetic). }
2577 done in Kushoks and Reception Room.
The following table shows the No. of operations done under various anaesthetics:—

ANAESTHESIA.

Section.	Chloroform.	Ether.		Stovaine.	N. and A.	Cocaine.	Ethyl-Chloride.	Sonno-form.	Boro-Caine.	Different Mixtures.	Total.
		Mask.	Metal.								
General Theatres ...	536	27	2	1,060	80	—	—	—	6	386	2,097
R.R., Kushuks, Out-patients and Erysipelas	454	1	—	3	23	1,069	111	915	—	1	2,577
Ear, Nose and throat	84	—	—	—	3	56	—	—	—	—	143
Ophthalmology ...	16	—	—	—	—	1,104	—	—	—	—	1,120
Midwifery	127	—	1	6	—	—	—	—	—	2	136
Gynæcology	13	—	1	176	—	—	—	—	—	25	215
TOTAL	1,230	28	4	1,245	106	2,229	111	915	6	414	6,288

N.B. 227 operations were done in Nose, Ear and Throat section without Anaesthetic—other operations done without Anaesthetic are not registered.

STATISTICS IN-PATIENTS. (continued).

OPERATIONS.

DISEASIS AND OTHERS.	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (continued).

SKIN AND FASCIA:—							
Thierch's skin graft	20	11	9	11	9	—	—
Plastic for:—							
Tube graft... ..	5	4	1	4	1	—	—
Flaps	5	4	1	4	1	—	—
Lymphangioplasty	1	1	—	1	—	—	—
Excision of:—							
Scar	6	2	6	2	6	—	—
Sinus	2	1	1	1	1	—	—
Ulcer (leishmaniasis)	4	4	—	4	—	—	—
Elephantiasis	2	2	—	2	—	—	—
Ke'oid... ..	2	1	1	1	1	—	—
Diathermy for:—							
Leishmaniasis	7	7	—	7	—	—	—
Rodent ulcer	22	16	6	16	6	—	—
Lupus vulgaris	2	1	1	1	1	—	—
Angioma	2	1	1	1	1	—	—
Sarcoma	3	3	—	3	—	—	—
Evacuation of:—							
Acute abscess	218	163	55	149	52	14	3
T. B. abscess	2	1	1	1	1	—	—
Removal of nail	2	1	1	1	1	—	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (continued).

OPERATIONS (continued).

BLOOD VESSELS :—							
Ligature of :—							
Brachial artery	2	2	—	2	—	—	—
Iliac artery	2	2	—	1	—	1	—
Trendelenburgs for :—							
Varicose veins	2	2	—	2	—	—	—
LYMPH GLANDS :—							
Excision of :—							
Tuberculous glands							
Neck	24	12	12	11	11	1	1
Axilla	1	—	1	—	1	—	—
Groin	1	1	—	1	—	—	—
Lymphadenomatous	2	2	—	2	—	—	—
Lymphosarcoma	4	2	2	2	1	—	1
TENDONS AND SHEATHS :—							
Tenorrhaphy	2	2	—	2	—	—	—
Tenotomy	2	2	—	2	—	—	—
Transplantation for :—							
Paralytic acquinus	4	2	2	2	2	—	—
Radial paralysis	1	1	—	1	—	—	—
Excision of ganglions	2	2	—	2	—	—	—
BURSAE :—							
Drainage of :—							
Prepatellar bursa	1	1	—	1	—	—	—
MUSCLES :—							
Excision for :—							
Myositis ossificans	1	1	—	1	—	—	—
Division of :							
Masseter for spasm	1	1	—	1	—	—	—
NERVES :—							
Suturing	1	1	—	1	—	—	—
Freeing from adhesions	4	4	—	4	—	—	—
Sympathectomy	4	4	—	4	—	—	—
Resection for :—							
Spastic paraplegia	1	1	—	1	—	—	—
SCALP :—							
Excision of :—							
Angioma	2	2	—	2	—	—	—
Epithelioma	1	1	—	1	—	—	—
EYE GLOBE :—							
Excision for :—							
Malignant disease	2	1	1	1	1	—	—
FACE :—							
Excision of :—							
Parotid tumour	7	5	2	5	2	—	—
Epithelioma of cheek	2	2	—	2	—	—	—
Lipoma	1	1	—	1	—	—	—

STATISTICS IN-PATIENTS (*continued*).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (*continued*).

OPERATIONS (*continued*).

LIPS :—							
Plastic for :—							
Hare lip	9	6	3	6	3	—	—
Contracted scar... ..	2	2	—	2	—	—	—
Excision for :—							
Epithelioma	6	5	1	5	1	—	—
Granioloma	2	2	—	2	—	—	—
Angioma	1	—	1	—	1	—	—
MOUTH :—							
Excision of :—							
Ranula	4	2	2	2	2	—	—
JAWS :—							
Excision of :—							
Simple epulis	3	2	1	2	1	—	—
Tumour of upper jaw	1	—	1	—	1	—	—
„ „ lower „	3	1	2	1	2	—	—
Lock jaw	3	3	—	3	—	—	—
Dental cyst	1	1	—	1	—	—	—
TONGUE :—							
Excision for cancer of tongue	6	6	—	5	—	1	—
NECK.							
Goitre.							
Adenomatus	41	16	25	16	23	—	2
Exophthalmic	1	—	1	—	1	—	—
Thyroglossal cyst... ..	1	1	—	1	—	—	—
Lipoma of neck	6	5	1	5	1	—	—
BREAST.							
Amputation for :—							
Cancer	11	—	11	—	10	—	1
Sarcoma	1	—	1	—	1	—	—
Cystadenoma... ..	1	—	1	—	1	—	—
Drainage for :—							
Abscess	12	—	12	—	12	—	—
CHEST.							
Drainage for empyema	20	19	1	14	1	5	—
ABDOMEN.							
Peritoneum.							
Laparatomy for :—							
Exploration	19	17	2	6	1	11	1
Drainage	20	12	8	4	4	8	4
Tuberculous peritonitis	4	3	1	2	—	1	1
Removal of :—							
Obstructing bands	3	2	1	1	—	1	1
Retrocæcal hernia	2	2	—	1	—	1	—
Stomach							
Gastrorrhaphy for rupture... ..	3	3	—	1	—	2	—
Gastrostomy	1	1	—	—	—	1	—
Gastro-jejuno-stomy	1	1	—	—	—	1	—

STATISTIC INPATIENTS (*continued*).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female

SURGICAL IN-PATIENTS (*continued*).

OPERATIONS (*continued*).

Small intestine.

Enterorrhaphy for rupture... ..	13	11	2	5	—	6	2
Enterostomy for obstruction	2	2	—	—	—	2	—
Enterectomy for rupture	1	—	1	—	—	—	1
Gangrene	1	1	—	—	—	1	—
Entero-colostomy	2	2	—	1	—	1	—
Resection of Meckle's diverticulum...	3	2	1	1	—	1	1

Large intestine.

Colorrhaphy for rupture	1	1	—	1	—	—	—
Untwisting of volvulus	2	2	—	1	—	1	—
Colostomy for obstruction... ..	11	8	3	3	—	5	3
Colectomy for intussusception	2	2	—	1	—	1	—
Reduction and fixation for intussuscep- tion	3	1	2	—	1	1	1
Reduction for intestinal knot	2	1	1	—	—	1	1

Appendix.

Appendicectomy	39	33	6	30	5	3	1
Drainage of abscess	11	9	2	7	1	2	1

Spleen.

Splenectomy for rupture	7	7	—	2	—	5	—
Endemic splenomegaly	47	37	10	35	9	2	1

Liver and biliary passages.

Tamponade for rupture	4	3	1	1	1	2	—
Suturing for rupture	1	1	—	1	—	—	—
Drainage for liver abscess	7	7	—	2	—	5	—
Aspiration for liver abscess	4	4	—	4	—	—	—
Removal of hydatid cyst	1	1	—	—	—	1	—
Marsupialisation of hydatid cyst ...	1	1	—	1	—	—	—
Cholecystostomy	3	1	2	1	1	—	1
Cholecystectomy	3	2	1	2	1	—	—

Hernias.

Inguinal herniotomy for :—

Reducible hernia	318	314	4	314	4	—	—
Irreducible hernia	4	4	—	4	—	—	—
Strangulated hernia... ..	72	72	—	65	—	7	—
Obstructed hernia	1	1	—	1	—	—	—
Recurrent hernia	13	13	—	13	—	—	—

Femoral herniotomy for :—

Reducible hernia	3	1	2	1	2	—	—
-------------------------	---	---	---	---	---	---	---

Ventral herniotomy for :—

Reducible hernia	26	9	17	9	16	—	1
Strangulated hernia... ..	2	—	2	—	2	—	—

Paraumbilical herniotomy for :—

Reducible hernia	8	5	3	5	3	—	—
-------------------------	---	---	---	---	---	---	---

Herniotomy for :—

Incisional hernia	7	4	3	4	3	—	—
--------------------------	---	---	---	---	---	---	---

STATISTICS IN-PATIENTS (*continued*).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female

SURGICAL IN-PATIENTS (*continued*).

OPERATIONS (*continued*).

RECTUM AND ANUS :—							
Plastic for imperforate anus	2	1	1	—	—	1	1
Incision for anal fissure	11	11	—	11	—	—	—
Ligature of piles	137	127	10	127	10	—	—
Injection of piles	16	16	—	16	—	—	—
Semilunar incision for prolapse	24	24	—	23	—	1	—
Excision of coccyx and Nectopaxy for prolapse	6	5	1	5	1	—	—
Excision of Bilharzial masses	6	6	—	6	—	—	—
Anal fistula	40	38	2	38	2	—	—
Incision for Ischiorectal abscess	11	9	2	9	2	—	—
Excision of rectum for cancer	2	1	1	—	—	1	1
„ „ „ Anal abscess...	8	8	—	8	—	—	—
GENITO-URINARY TRACT :—							
Kidney :—							
Nephrectomy for :							
Rupture	1	1	—	—	—	1	—
Hydronephrosis	5	5	—	4	—	1	—
Pyonephrosis	4	3	1	2	1	1	—
Renal Sinus	1	1	—	1	—	—	—
Nephrotomy for :—							
Rupture	2	1	1	1	1	—	—
Exploration	1	1	—	1	—	—	—
Calculus	13	12	1	12	1	—	—
Nephrectomy for :—							
Hydronephrosis... ..	13	11	2	10	1	1	1
Pyonephrosis	18	15	3	12	3	3	—
Nephropexy for :—							
Floating kidney	3	—	3	—	3	—	—
Drainage of							
Perinephric abscess	6	6	—	4	—	2	—
URETER :—							
Lithotomy for stone	17	15	2	15	2	—	—
Implantation of ureter in sigmoid ...	1	1	—	—	—	1	—
BLADDER :—							
Suture for rupture	2	2	—	—	—	2	—
Lithotrity	5	4	1	4	1	—	—
Lithotomy supra-pubic	78	76	2	73	2	3	—
Supra-pubic cystostomy	19	19	—	19	—	—	—
Drainage for perivesical abscess ...	4	4	—	3	—	1	—
PROSTATE :—							
Supra-pubic prostatectomy	39	39	—	28	—	11	—
URETHRA :—							
Plastic for :—							
Hypospadias	3	3	—	3	—	—	—
Rupture	6	4	2	2	2	2	—
Urethrotomy for :—							
Stricture	6	6	—	6	—	—	—
Calculus	26	26	—	26	—	—	—
Excision of Bilharzial fistula	49	49	—	42	—	7	—
Dilatation for stricture	4	4	—	4	—	—	—
Drainage of Periurethral abscess ...	45	45	—	45	—	—	—

STATISTICS IN-PATIENTS (*continued*).

DISEASES AND OTHERS.	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (*continued*).

OPERATIONS (*continued*).

TESTICLE :—							
Everson of tunica vaginalis for							
Hydrocele	149	149	—	149	—	—	—
Hematocele	5	5	—	5	—	—	—
Orchidectomy	2	2	—	2	—	—	—
Plastic for undescended testicle	2	2	—	2	—	—	—
SPERMATIC CORD :—							
Excision of Hydrocele	2	2	—	2	—	—	—
„ „ Lipoma of Cord	1	1	—	1	—	—	—
Partial excision of varicocele	38	36	—	38	—	—	—
SCROTUM :—							
Partial resection for varicocele... ..	5	5	—	5	—	—	—
„ „ „ elephantiasis	5	5	—	5	—	—	—
PREPUCE :—							
Circumcission... ..	2	2	—	2	—	—	—
BONES :—							
<i>Skull :—</i>							
Craniectomy for :—							
Depressed fracture	87	75	12	56	4	19	8
Fissured fracture	19	18	1	15	1	3	—
Necrosis	2	1	1	1	1	—	—
<i>Other Bones :—</i>							
Osteotomy of Femur	2	1	1	1	1	—	—
Wiring of :—							
Mandible	3	1	2	1	2	—	—
Radius and Ulna	2	2	—	2	—	—	—
Patella	6	6	—	6	—	—	—
Plating of :—							
Humerus	1	1	—	1	—	—	—
Femur... ..	3	3	—	3	—	—	—
Lengthening of Femur... ..	1	1	—	1	—	—	—
Osteoperiosteal grafts	4	2	2	2	2	—	—
Suspension of :—							
Scapula	1	1	—	1	—	—	—
Humerus	1	1	—	1	—	—	—
Excision of :—							
Head of humerus	2	2	—	2	—	—	—
Ribs	11	10	1	10	1	—	—
Osteoma of femur	1	1	—	1	—	—	—
Myeloma	2	—	2	—	2	—	—
Fibro-cystic disease of jaw	1	1	—	1	—	—	—

STATISTICS IN-PATIENTS (concluded).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (concluded).

Sequestrectomy of :—							
Malar bone	1	1	—	1	—	—	—
Mandible	1	1	—	1	—	—	—
Radius... ..	1	1	—	1	—	—	—
Metacarpals	6	5	1	5	1	—	—
Ilium	5	4	1	2	1	2	—
Femur... ..	12	12	—	12	—	—	—
Tibia	14	14	—	14	—	—	—
Tarsus... ..	8	6	2	5	2	1	—
Scraping of :—							
Tibia	7	5	2	5	1	—	1
Sternum	2	2	—	1	—	1	—
Iliac bone	3	3	—	3	—	—	—
Sacro iliac joint... ..	1	—	1	—	1	—	—
Other bones	2	2	—	2	—	—	—
Drainage for Acute osteomyelitis ...	15	10	5	8	4	2	1
AMPUTATIONS :—							
Above elbow joint	2	2	—	2	—	—	—
Below „ „	1	1	—	1	—	—	—
Of fingers	6	5	1	5	1	—	—
Above knee	1	1	—	1	—	—	—
Below knee	10	9	1	8	1	1	—
Of foot	1	—	1	—	1	—	—
Of toes	2	2	—	2	—	—	—
Trimming of :—							
Crushed limbs	14	10	4	9	4	1	—
Septic stumps	1	1	—	1	—	—	—
JOINTS :—							
Excision of :—							
Elbow joint	1	—	1	—	1	—	—
Hip joint	1	1	—	—	—	1	—
Open reduction for old dislocations ...	6	5	1	5	1	—	—
Arthrotomy for Septic arthritis	1	1	—	1	—	—	—
SPINE :—							
Plastic for spina Bifida	1	1	—	—	—	1	—
TUMOURS :—							
Removal of :—							
Fibroma	4	—	4	—	4	—	—
Lipoma	22	12	10	12	10	—	—
Teratoma	2	2	—	2	—	—	—
Dermoid Cyst	3	2	1	2	1	—	—
Fibro-sarcoma of linea alba	1	1	—	1	—	—	—
Sarcoma of different regions	8	6	2	6	1	—	1
Epithelioma of different regions ...	8	6	2	6	2	—	—
Cerebral tumour	3	2	1	1	—	1	1
Cerebellar tumour	1	—	1	—	—	—	1

GYNÆCOLOGY AND MIDWIFERY.

The total number of inpatients treated during the year 1926 was 899 with 59 deaths *i.e.*, a mortality of about 4.3 per cent.

Out of this number, there were 575 midwifery cases out of which 23 deaths *i.e.* a mortality 4 per cent and 324 Gynaecology cases with 16 deaths *i.e.* a mortality of 4.9 per cent.

The number of Gynaecology operations was 216 and that of midwifery operations was 130.

External Maternity work :—

The total number of cases delivered in their houses by the Hospital was 615 with no maternal mortality. This number is about three times that of 1924 when the work was first begun.

Out-Patients' Department :—

The number of Out-patient cases was 48,672 for the two Sections, amongst which 413 had a Wassermann Reaction done to them.

The following are the actual Statistics.

STATISTICS IN-PATIENTS.

DISEASES AND OTHER.	TOTAL.	DISCHARGED.	DIED.
GYNÆCOLOGY IN-PATIENTS.			
Puerperal Sepsis	16	12	4
Tumour of Vulva	2	2	—
Cyst of vaginal wall	1	1	—
Imperforate Hymen	1	1	—
Bilharzia of Vulva and Vagina... ..	3	3	—
Vaginitis	8	8	—
Vaginal Atresia	2	2	—
Cystocela	11	11	—
Rectocele	4	4	—
Cystorectocele	23	23	—
Procidentia	20	20	—
Rectovaginal Fistula	5	5	—
Vesicovagical Fistula	14	14	—
Erosion and Ectropion	3	3	—
Stenosis	21	21	—
Retroversion-flexion	10	10	—
Acute Antiflexion	4	4	—
Polypus	8	8	—
Fibroids	23	23	—
Myometritis	4	4	—
Endometritis	9	9	—
Prolapse	16	16	—
Ovarian Tumours	2	2	—
Ovarian Cyst	12	11	1
Septicoemia	2	1	1
Supremia	1	—	1
Pyemia	1	1	—
Perimetritis	13	13	—
Parametritis	18	18	—
Pelvic Abscess	4	4	—
Parovarian Cyst.	3	3	—
Pyosalpinx	6	6	—
Sactosalpinx	1	1	—
Tubercular Salpingitis	1	—	1
Malignant disease of uterus	4	3	1
Malignant disease of cervix	5	3	2
Malignant disease of bladder	2	2	—
Malignant disease of bladder and uterus	1	—	1
Epithelioma of Vulva	1	1	—

STRISTICS IM-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	DSCHARGED.	DIED.
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GYNÆCOLOGY IN-PATIENTS (continued).

Retroperitoneal Sarcoma	3	3	—
Endometrioma	1	1	1
Chorion Epithelioma	1	—	1
Malignant tumour of pelvis	1	—	1
Other pelvic Tumours	3	1	2
Salpingitis	2	2	—
Ovaritis	5	5	—
Salpingo-ovaritis	12	12	—
Vicarious Menses from breast	1	1	—
Other diseases	6	5	1

GYNÆCOLOGICAL OPERATIONS.

Retroversion flexion	11	11	—
Uterine fibroids	22	22	—
Cystocele	4	4	—
Rectocele	5	5	—
Cysto-rectocele	26	26	—
Salpingo-ovaritis	4	4	—
Missed Abortion	1	1	—
Pyosalpinx	2	2	—
Procidentia	18	18	—
Prolapse	15	15	—
Polypus	8	8	—
Tubercular Peritonitis	2	2	—
Ovarian Cysts	12	12	—
Solid Ovarian Tumours	5	5	—
Parovarian Cysts	2	2	—
Stenosis	21	21	—
Cancer of cervix	4	3	1
Cancer of body of uterus	4	4	—
Ruptured Tubal Pregnancy	1	—	1
Tumour of labium	1	1	—
Double tubo-ovarian Cyst with Endometrioma ...	1	1	—
Vesico-vaginal fistula	7	7	—
Vesico-cervical fistula	1	1	—
Rectovaginal fistula	5	5	—
Endometritis	12	12	—
Incomplete abortion	2	2	—
Vaginal Atresia	3	3	—
Bilharzial Papilloma of vagina	2	2	—
Hypoplasia	2	2	—
Retroperitoneal Sarcoma	2	2	—
Bilharzia of Labium	1	1	—
Secondary suture postcesarian	—	—	—
Imperforate Hymen	1	1	—
Parametric Abscess	5	4	1
Abscess of Labium	2	2	—

MIDWIFERY CASES.

Under observation	125	125	—
Normal labour	183	183	—
Twins	7	7	—
Premature labour	6	6	—
Placenta Praevia	11	9	2
Retained placenta or Membranous			
Incomplete abortion	16	16	—
Complete abortion	52	51	1
Threatened abortion	22	22	—
Eclampsia	15	9	6
Ruptured Uterus	6	2	4

STATISTICS IN-PATIENTS (*continued*).

DISEASES AND OTHERS.	TOTAL.	DISCHARGED.	DIED.
MIDWIFERY CASES (<i>continued</i>).			
Ectopic gestation	4	2	2
Caesarian Section	23	21	2
Normal puerperium	2	2	—
Subinvolution	1	1	—
Puerperal Insanity	1	1	—
Monster Pregnancy	3	3	—
Pregnancy with dead foetus	1	1	—
Normal Pregnancy with Gonorrhoea	1	1	1
Pregnancy with Hyperaemesis Gravidarum	6	6	—
Contracted Pelvis	16	14	2
Flat Pelvis	2	2	—
Persisteal occipito-posterior present... ..	3	2	—
Face presentation... ..	2	2	—
Neglected shoulder present	14	12	2
Transverse present			
Prolapse of cord only	9	9	—
Prolapse of cord and arm			
Rigid os	4	3	1
Stenosis of vagina	2	2	—
Hydramnios	1	1	—
Hydrocephalus	4	4	—
Big size of foetus... ..	1	1	—
Prolonged 2nd stage	7	7	—
Early rupture of membranus	2	2	—
Post partum haemorrhage	1	1	—
Incomplete perineal tear	3	3	—
Complete perineal tear	1	1	—
Early pregnancy (not confined)	15	15	—
Not Pregnant	4	4	—

MIDWIFERY OPERATIONS.

DISEASES AND OTHERS.	MOTHER.			CHILD.		
	Total.	Disch.	Died.	Total.	Alive.	Died.
Vaginal stenosis	2	2	—	2	2	—
Stenosis of cervix	4	3	1	4	2	2
Incomplete perineal tear	3	3	—	3	3	—
Complete perineal tear	1	1	—	1	1	—
Contracted pelvis	16	14	2	16	5	11
Flat pelvis	2	2	—	2	1	1
Hydramnios	1	1	—	1	—	1
Hydrocephalus	4	4	—	4	—	4
Dead Foetus	1	1	—	1	—	1
Big sign of foetus	1	1	—	1	—	1
Twins	7	7	—	14	8	6
Placenta Prævia	11	9	2	11	2	9
Face presentation	2	2	—	2	1	1
Persistent occipito Post.	3	2	1	3	1	2
Prolapse of arm and cord	9	9	—	9	1	8
Prolapse of cord						
Transverse presentation	14	12	2	14	3	11
Neglected shoulder Presentation						
Prolonged 2nd stage	7	7	—	7	1	6
Pelvic presentation	11	11	—	11	6	5
Ruptured uterus	6	2	4	6	—	6
Retained Placenta	4	4	—	4	3	1
Ectopic gestation	4	2	2	4	—	4
Caesarian Section	23	22	1	23	21	2

EXTERNAL MATERNITY WORK.

Total number of deliveries was 615 with one maternal mortality. A comparison between the numbers of the previous two years is as follows :—

	cases.
1924	232
1925 (November and December only)	52
1926	615
1926 (November and December only)	109

The following is an analysis of the work done this year 1926 :—

- (1) Abnormal pregnancies 1
- (2) Normal Pregnancies 614

1. Abnormal pregnancy : one case of abortion in five months—Mother alive. Cause : syphilis.

2. Normal Pergnancy :—

	TOTAL.	CONDITION OF MOTHER.	CHILD.		REMARKS.
			Alive.	Dead.	
1. Premature labours (all 7 months).	2	Good.	—	2	Syphilitic.
2. Normal labours (vertex)	530	„	522	8	
3. Twins	16	„	32	—	
4. Abnormal labours :—					
(a) Contracted pelvis	28	„	27	1	Episiotomy was done in one case due to vaginal stenosis.
(b) Breech presentation	12	„	10	2	
(c) Face presentation	4	„	4	—	
(d) Vertex with Prolapsed cord	1	„	1	—	Born asphyxiated and helped.
(e) Vertex with presentation of cord	1	„	1	—	
(f) Vertex with extended arm	7	„	7	—	
(g) Posterior Fontanelli	1	„	1	—	Femoral thrombosis.
3. Abnormal Puerperium	1	Died.	—	—	

As regards the twin pregnancies 10 of them had vertex presentations of both children and five vertex and Breech and one case had both children presenting with their breeches.

STATISTICS IN-PATIENTS (continued).

	Total.	Male.	Female.	Discharged.		Died.	
				Male.	Female.	Male.	Female.
EYES.							
Trichiasis	304	197	107	197	107	—	—
Blepharitis	39	25	14	25	14	—	—
Ectropion	23	23	—	23	—	—	—
Cataract	111	79	32	109	32	—	—
Trachoma	91	59	32	59	32	—	—
Purulent Conjunctivitis	59	26	23	26	23	—	—
Phlyctenular	19	15	4	15	4	—	—
Ptyregium	12	8	4	8	4	—	—
Pannus	27	19	8	19	8	—	—
Dacryocystitis	10	3	7	3	7	—	—
Lacrymal Cyst	14	11	3	11	3	—	—
Iritis	1	1	—	1	—	—	—
Prolapse of Iris	14	7	7	7	7	—	—
Irido Cyclitis	6	4	2	4	2	—	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (continued).

Eyes. (cont.)

Glaucoma	66	45	24	45	24	—	—
Detachment of the retina	5	5	—	5	—	—	—
Retinitis Pigmentosa	2	2	—	2	—	—	—
Optic Atrophy	17	13	4	13	4	—	—
Optic Neuritis	5	3	2	3	2	—	—
Defective vision	3	2	1	2	1	—	—
Foreign body in Eye	7	7	—	7	—	—	—
Tumours of Eye	6	5	1	5	1	—	—
Lag-ophthalmos	235	161	74	161	74	—	—
Perforated ulcer	14	5	9	5	9	—	—
Hypopion ulcer	11	8	3	8	3	—	—
Leucoma	48	30	18	30	18	—	—
Adherent Leucoma	19	16	3	16	3	—	—
Keratitis	24	21	3	21	3	—	—
Corneal infiltration	56	46	10	46	10	—	—
Staphyloma	28	16	12	16	12	—	—
Nebula	7	5	2	5	2	—	—
Ruptured cornea	3	3	—	3	—	—	—
Subconjunct. Haemorrhage and Conclusion ...	21	17	4	17	4	—	—
Ruptured Globe	9	9	—	9	—	—	—
Miscellaneous	74	47	27	47	27	—	—

OPERATIONS.

Eyes.

Snellens	280	170	110	170	110	—	—
Electrolysis	40	33	7	33	7	—	—
Van Mellingen	41	21	20	21	20	—	—
Iridectomy	118	84	34	84	34	—	—
Iridectomy with trephine	7	6	1	6	1	—	—
Iridectomy with sclerotomy	5	5	—	5	—	—	—
Excision of iris	1	—	—	1	—	—	—
Trephine	18	11	7	11	7	—	—
Sclerotomy	6	5	1	5	1	—	—
Needling	50	33	17	33	17	—	—
Needling with curette Evacuation	10	1	9	1	9	—	—
Extraction of lens	32	22	10	22	10	—	—
Extraction with iridectomy	36	19	17	19	17	—	—
Enucleation	31	23	8	23	8	—	—
Scraping	71	53	18	53	18	—	—
Picking and expression	43	30	13	30	13	—	—
Paracentesis	10	6	4	6	4	—	—
Saemisch's Section	3	3	—	3	—	—	—
Cautery of ulcer with carbolic	10	6	4	6	4	—	—
Cautery of ulcer with thermos	3	2	1	2	1	—	—
Cautery of pannus	2	2	—	2	—	—	—
Syringing of lacrymal sac	4	2	2	2	2	—	—
Cautery of puncta	1	—	1	—	1	—	—
Eviseration... ..	20	13	7	13	7	—	—
Excision of chalassion	5	5	—	5	—	—	—
Excision of lacrymal sac	10	4	5	4	6	—	—
Scraping of fistula	4	2	2	2	2	—	—
Incision of styte	6	6	—	6	—	—	—
Capsulotomy	1	1	—	1	—	—	—
Operation for Ptergyium	15	15	—	15	—	—	—

NOTE:—

3 cases died:—

- (1) Male; he threw himself out of the window.
- (2) Female; had double optic atrophy died of Meningitis.
- (3) Female had orbital cellulitis, died of acute appendicitis.

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGYCAL IN-PATIENTS (continued).

OPERATION (cont.).							
<i>Eyes (cont.).</i>							
MacReynold's Operation	2	2	—	2	—	—	—
Implantation for Pterygium	3	2	1	2	1	—	—
Operation for Ptosis	4	4	—	4	—	—	—
Excision of tarsus	5	2	3	2	3	—	—
Tucking of Pterygium	6	5	1	5	1	—	—
Staphylectomy	1	—	1	—	1	—	—
Canthoplasty	3	2	1	2	1	—	—
Skin and muscle Operation	1	1	—	1	—	—	—
Scleral punture	2	2	—	2	—	—	—
Dilatation of canalicula	1	1	—	1	—	—	—
Snellen's suture... ..	2	1	1	1	—	—	—
Scraping of pannus	3	3	—	3	—	—	—
Cutting of symblepharon	1	1	—	1	—	—	—
Advancement and tenotomy... ..	1	—	1	—	1	—	—
Excision of lashes	2	1	1	1	1	—	—
Cautery for entropion	1	1	—	1	—	—	—
Plastic for Lagophthalmos	1	1	—	1	—	—	—
„ „ dog bite	1	—	1	—	1	—	—
„ „ fistula	1	—	1	—	1	—	—
Mccallans Operation	1	—	1	—	1	—	—
Excision of vitreous	1	1	—	1	—	—	—
Heistras combined	1	—	1	—	1	—	—
Scraping of corneal ulcer	2	1	1	1	1	—	—
Excision of mass	8	3	5	3	3	—	—
Removal of foreign body	1	1	—	1	—	—	—
Extraction of foreign body	28	—	28	—	28	—	—
Excision of Meibomian cysts	16	13	3	13	3	—	—
Thermocautery for trichiasis	1	—	1	—	1	—	—
Thermocautery for ulcers	1	1	—	1	—	—	—

EAR, NOSE AND THROAT IN-PATIENTS.

DISEASES OF EAR.							
<i>External Ear.</i>							
Furunculosis	1	1	1	—	1	—	—
Rupture of membrane tympani	1	1	—	1	1	—	—
<i>Middle Ear.</i>							
Otitis Media	11	10	1	10	1	—	1
Acute mastoiditis... ..	3	21	10	21	9	—	—
Sin. behind ear	6	5	1	4	—	1	1
<i>Diseases of Nose.</i>							
Nasal Fossa Epistaxis	3	2	1	2	1	—	—
Rhinitis	2	1	1	1	1	—	—
Hypertrophied turbinates	32	18	4	18	4	—	—
Polypus	2	7	2	7	2	—	—
Rhino scleroma	4	4	—	4	—	—	—
<i>Maxillary Sinus.</i>							
Suppuration	1	1	—	1	—	—	—
<i>Frontal Sinus.</i>							
Sinusitis	1	1	—	1	—	1	—
Empyoema	1	1	1	1	—	—	—
<i>Diseases of Pharynx.</i>							
Tonsillitis	2	12	11	12	11	—	—
Peritonsillar Abscess	9	9	—	8	—	1	—
Enlarged tonsil	12	11	8	11	8	—	—
Pharyngitis	2	1	—	2	—	—	—
Adenoids	1	1	—	1	—	—	—
Foreign body... ..	3	3	—	3	—	—	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

EAR, NOSE AND THROAT IN-PATIENTS (continued).

DISEASES OF EAR.							
<i>Diseases of Larynx.</i>							
Laryngitis :—							
Simple	2	2	—	2	—	—	—
Tubercular	1	1	—	1	—	—	—
Foreign bodies	1	1	—	1	—	—	—
Cancer	3	2	1	2	—	—	—
Obstruction	9	8	1	7	—	1	—
Papilloma	1	1	—	1	—	—	—
<i>Diseases of Trachea.</i>							
Old tracheotomy	8	7	1	7	1	—	—
Trachelitis	1	1	—	1	—	—	—
<i>Diseases of Oesophagus.</i>							
Foreign body... ..	4	2	2	2	2	—	—
Obstruction	7	5	2	5	2	—	—
Miscellaneous	30	26	4	23	4	3	—

SURGICAL IN-PATIENTS (continued).

OPERATIONS.							
<i>External Ear.</i>							
Polypus in ear	1	—	1	—	1	—	—
Removal of foreign body	2	1	1	1	1	—	—
Otitis	1	1	—	1	—	—	—
<i>Mastoid.</i>							
Schwartz's Operation	25	16	9	14	9	2	—
Scraping for mastoid	15	13	2	12	2	1	—
<i>Nose.</i>							
Abscess of Septum	1	1	—	1	—	—	—
Partial Turbinectomy	35	25	10	25	10	—	—
Excision of polypus	11	5	6	5	5	—	1
Cautery to hypertrophied Turbinitis	1	1	—	1	—	—	—
Scraping for Hypertrophied Rhionitis	1	1	—	1	—	—	—
Excision of nasal tumour	8	7	1	7	1	—	—
Rhinoscleroma	1	—	11	—	1	—	—
<i>Sinuses.</i>							
Maxillary Antrum	6	4	2	4	2	—	—
Frontal Sinus	4	4	—	4	—	—	—
Excision of frontal Cyst.	1	1	—	—	—	1	—
<i>Pharynx.</i>							
Excision of tumour	1	1	—	1	—	—	—
Oesophoscopy... ..	2	1	1	1	1	—	—
Tonsillectomy	109	65	44	65	44	—	—
Curretage of Adenoid.	107	75	32	75	32	—	—
Curettage of Adenoid and tonsils	71	32	39	32	39	—	—
Peri-tonsillar Abscess	1	1	—	1	—	—	—
Removal of foreign Body	1	1	—	1	—	—	—
<i>Larynx.</i>							
Excision of tumour	1	1	—	1	—	—	—
<i>Trachea.</i>							
Tracheotomy.	7	7	—	6	—	1	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

SURGICAL IN-PATIENTS (continued)

OPERATIONS. (cont).							
External Ear.							
Miscellaneous.							
Dental Cyst	1	—	1	—	1	—	—
Fibroma of base of skull	1	1	—	1	—	—	—
Parotid abscess	1	1	—	1	—	—	—
Necrosed Ethmoid Bones	1	1	—	1	—	—	—
Necrosis of upper jaw... ..	1	—	1	—	1	—	—
T.B. Gland	1	1	—	1	—	—	—
Examination	1	1	—	1	—	—	—

MEDICAL IN-PATIENTS.

SKIN AND VENEREAL.

Skin.							
Acne	1	1	—	1	—	—	—
Boils	1	1	—	1	—	—	—
Dermatitis	15	15	—	15	—	—	—
Diffuse scleroderma	1	—	1	—	1	—	—
Eczema	61	51	10	51	10	—	—
Erythema Nodosum	2	1	1	1	1	—	—
Exfoliation Dermatitis	1	—	1	—	1	—	—
Favus	17	17	—	17	—	—	—
Folliculitis	1	1	—	1	—	—	—
Herpes Zoster	2	2	—	2	—	—	—
Impetigo	4	3	1	3	1	—	—
Leishmaniasis	4	4	—	4	—	—	—
Leprosy	5	4	1	4	1	—	—
Leucodermia	1	1	—	1	—	—	—
Lichen planus	2	2	—	2	—	—	—
Lupus Erythematosus	2	—	2	—	2	—	—
Lupus Vulgaris	5	1	4	1	4	—	—
Melanodermia	1	1	—	1	—	—	—
Prurigo	14	9	5	9	5	—	—
Psoriasis	11	8	3	8	3	—	—
Pemphigus	3	2	1	2	1	—	—
Pyodermia	6	4	2	4	2	—	—
Ring worm	15	12	3	12	3	—	—
Scabies	16	13	3	13	3	—	—
Scrofuliodermia	1	1	—	1	—	—	—
Sycosis	7	7	—	7	—	—	—
Tenia circination	1	1	—	1	—	—	—
T. B. of skin... ..	3	1	2	1	2	—	—
Urticaria	1	1	—	1	—	—	—
Gonorrhoea.							
Acute Gonorrhoea	16	15	1	15	1	—	—
Balanitis	1	1	—	1	—	—	—
Bortholomitis	1	—	1	—	1	—	—
Chronic Gonorrhoea	28	20	8	20	8	—	—
Gonorrheal orchitis	26	26	—	26	—	—	—
Valvitis	1	—	1	—	1	—	—
Syphilis.							
Buboes	3	2	1	2	1	—	—
Chancre of penis	47	47	—	47	—	—	—
Congenital Syphilis	5	1	4	1	4	—	—
Gumma	32	27	5	27	5	—	—
Phagedenic ulcer	10	10	—	10	—	—	—

STATISTICS IN-PATIENTS (continued).

DISEASES AND OTHERS.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

MEDICAL IN-PATIENTS (continued).

SKIN AND VENEREAL.

<i>Syphilis (cont.).</i>							
Secondary Syphilis	...	...	...	...	...	...	...
Sore	...	...	...	...	...	...	...
Mercury stomatitis	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...
Syphilis and gonorrhoea	...	...	...	...	...	...	...
Tertiary syphilis	...	...	...	...	...	...	...
<i>Miscellaneous.</i>							
No diagnosis	...	...	...	...	...	...	...
Wet nurse (Mordae)	...	...	...	...	...	...	...
Moribund	...	...	...	...	...	...	...
Malingering	...	...	...	...	...	...	...
Electric shock	...	...	...	...	...	...	...
Lodger	...	...	...	...	...	...	...
Regulation of feeds	...	...	...	...	...	...	...
Pepper in vagina	...	...	...	...	...	...	...

REPORT OF RADIOLOGICAL DEPARTMENT.

1926.

STAFF (NON-MEDICAL).

Half the lay staff asked for as urgent in June 1925 were provided in October 1926.

APPARATUS.

A powerful diagnostic apparatus has been fitted up provisionally thus duplicating diagnostic facilities.

A small quantity of radium has been purchased during the year.

A treatment (deephtherapy) machine of most modern type has been installed. It cannot be put into use until the lay technical staff asked by the Department of Public Health but refused by the Ministry of Finance is provided. This will I hope be at the commencement of the new financial year.

SCIENTIFIC AND NEW INVESTIGATION.

During the year experimentation on the growth phenomena in cats, examinations of the ventricles of the brain after air injection, of the spinal canal after lipiodol injection and of the anatomical changes in the treatment of splenomegaly were undertaken with Prof. Henry, with Prof. Biggam, Cholecystography and lipiodol lung injection ; with Prof. Heathcots examination of the radiopacity of lipiodol prepared by him at Qasr el Aini. The investigation of the appearances in urinary bilharziasis has been continued and the new installation lay out designed.

SERVICE OF DEPARTMENT.

Total number of diagnostic Examinations during the year 8936 (1600 in 1922).

DIAGNOSIS.

Number of cases dealt with has been 3993.

They were made up as under :—

In-patients	...	...	...	...	...	2532
Out-Patients	...	...	...	...	...	978
From other Hospitals	...	...	...	...	...	56
From Police	...	...	...	...	...	308 of which 195 showed no lesion.
From Medical Commission	...	...	...	...	...	14
Miscellaneous	...	...	...	...	...	105

The In-patients were found to show no lesion in 495 cases and out-patients similiary in 338.

In cases showing positive finding the diagnoses were as under for in-patients and out patients respectively.

	Opaque meals post. find.	Fractures post. find.	Medical post. not otherwise included.	Surgical post. find.	Urological post. find.
In-patients	65	876	417	462	199
Out-patients	—	117	21	386	116

Not including 18 in-patients awaiting disposal December 31, 1926.

TREATMENT.

Radium. Two cases :—

1. Carcinoma of cervix result relieved.
2. Keloid of cervix under treatment December 31, 1926.

X Ray Nil—pending sufficient non-medical staff.

Signed : R.A. GARDNER.

ALEXANDRIA HOSPITAL.

MONTHLY TABLE OF IN-PATIENTS.

MONTH.	MALE.	FEMALE.	TOTAL.
January	487	167	654
February	487	195	682
March	568	168	736
April	613	181	794
May	682	189	871
June	625	160	785
July	706	174	880
August	673	174	847
September	596	125	721
October	614	187	801
November	558	150	708
December	519	149	668
GRAND TOTAL	7,128	2,019	9,147

DETAILED TABLE OF PATIENTS DISCHARGED FROM HOSPITAL.

MONTH.		CURED.			RELIEVED.			UNRELIEVED.			DIED.		TOTAL.		GRAND TOTAL.
		Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Male.	Female.	
January	...	261	90	351	160	32	192	44	16	60	45	14	59	152	662
February	...	239	105	344	151	47	198	30	16	46	43	18	61	186	649
March	...	340	101	421	144	48	192	30	21	51	52	12	64	182	748
April	...	301	90	391	167	37	204	44	14	58	54	12	66	153	719
May	...	383	120	503	211	51	262	44	14	58	35	16	51	201	874
June	...	341	80	421	202	49	251	57	15	72	40	19	59	163	803
July	...	342	16	448	239	39	278	53	22	75	56	16	72	183	873
August	...	384	100	484	213	43	256	55	16	71	40	10	50	169	861
September	...	295	78	373	252	30	282	32	14	46	37	17	54	139	755
October	...	300	91	391	232	45	277	33	23	56	35	13	48	172	772
November	...	290	91	381	190	34	224	39	24	63	42	18	60	167	728
December	...	274	88	362	182	24	206	39	23	62	33	11	44	146	674
GRAND TOTAL		3,750	1,140	4,890	2,343	479	2,822	500	218	718	512	176	688	2,013	9,118

DETAILED TABLE OF OUT-PATIENTS DEPARTMENT.

MONTH.	Male.			Female.			Total.		GRAND TOTAL.
	New.	Old.	Total.	New.	Old.	Total.	New.	Old.	
January	2,747	4,601	7,348	3,573	3,352	6,925	6,120	7,953	14,073
February	2,654	4,703	7,357	3,488	3,454	6,942	5,842	8,157	13,999
March... ..	3,073	4,835	7,908	3,470	3,532	7,002	6,543	8,367	14,910
April	3,185	4,095	7,280	3,615	2,630	6,245	6,800	6,725	13,525
May	4,725	6,545	11,270	6,335	4,721	11,056	11,060	11,266	22,326
June	4,034	5,710	9,744	5,048	3,753	8,801	9,082	9,463	18,545
July	4,886	7,051	11,937	5,711	4,262	9,973	10,597	11,313	21,910
August	4,916	7,347	12,263	5,123	4,105	9,229	10,039	11,453	21,492
September	3,937	6,543	10,480	4,180	3,367	7,547	8,117	9,910	18,027
October	3,960	7,014	10,974	4,324	3,378	7,702	8,284	10,392	18,676
November	3,667	7,130	10,797	4,105	3,310	7,415	7,772	10,440	18,212
December	3,198	7,520	10,718	3,600	3,216	6,816	6,798	10,736	17,534
TOTAL	44,982	73,094	118,076	52,072	43,081	95,153	97,054	116,175	213,229

TABLE OF THE INFECTIOUS DISEASE CASES.

DISEASES.								CURED.	DIED.	TOTAL.	REMARKS.	
Malaria...	22	1	23	23 influenza cases; the rest other diseases.	
Typhoid ... ..	...	...	...	...	...	...	...	58	18	76
Typhus... ..	..	...	...	...	...	...	...	3	1	4
Simple fever ... ..	...	...	...	...	...	...	...	1	—	1
Influenza ... ..	...	...	...	...	...	...	...	333	—	333
Small-pox ... ..	...	...	...	...	...	...	...	121	27	148
Chicken-pox ... ..	...	...	...	...	...	...	...	17	—	17
Mumps... ..	...	...	...	...	...	...	...	14	1	15
Meningitis ... ..	...	...	...	...	...	...	...	3	2	5
Measles ... ..	...	...	...	...	...	...	...	5	—	5
Diphtheria ... ..	...	...	...	...	...	...	...	7	8	15
Plague ... ..	...	...	...	...	...	...	...	14	2	16
Erysipelas ... ..	...	...	...	...	...	...	...	45	4	49
Tetanus ... ..	...	...	...	...	...	...	...	8	15	23
Paratyphoid ... ..	...	...	...	...	...	...	...	3	—	3
Whooping cough ... ..	...	...	...	...	...	...	...	1	—	1
Under observation fever ... ..	...	...	...	...	...	...	...	13	—	13
Doubtful fever ... ..	...	...	...	...	...	...	...	1	—	1
Relatives of patients ... ..	...	...	...	...	...	...	...	74	—	74
Under observation ... ..	...	...	...	...	...	...	...	71	—	71
Puerperal fever ... ..	...	...	...	...	...	...	...	—	1	1
TOTAL								814	80	894		

FEVERS.

MONTH.	Cured.		Relieved.		Unrelieved.		Died.		Total.		GRAND TOTAL.	REMARKS.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
January	33	7	—	—	—	—	8	2	41	9	50	* Transferred to other hospital.
February	37	5	—	—	—	—	4	2	41	7	48	
March	59	17	—	—	—	—	8	1	67	18	85	
April	57	13	—	—	*1	*1	8	2	66	16	82	
May	58	15	—	—	—	—	4	—	62	15	77	
June	50	10	—	—	—	—	3	3	53	13	66	
July	50	13	—	—	—	—	4	1	54	14	68	
August... ..	70	11	—	—	—	—	5	2	75	13	88	
September	48	10	—	—	2	—	4	1	54	11	65	
October	38	10	—	—	—	—	5	1	43	11	54	
November	28	4	1	—	1	—	2	4	32	8	40	
December	15	6	—	—	—	—	4	1	19	7	26	
TOTAL	543	121	1	—	4	1	59	20	607	142	749	

POISONS.

POISON.	MALE.			FEMALE.			TOTAL.			General Total.
	Cured.	Imp.	Died.	Cured.	Imp.	Died.	Cured.	Imp.	Died.	
Sublimate	1	1	—	—	—	—	1	1	—	2
Iodine	3	—	—	1	—	—	4	—	—	4
Opium	12	3	11	—	—	1	12	3	12	27
Manzul	30	—	—	6	—	—	36	—	—	36
Datura	9	—	—	—	—	—	9	—	—	9
Heroine	16	6	1	—	—	—	16	6	1	23
Carbolic Acid	8	—	2	1	1	—	9	1	2	12
Ptomaine	30	1	—	13	3	—	43	4	—	47
Cocaine	5	2	—	2	—	—	7	2	—	9
Mineral Acid	2	—	—	—	—	—	2	—	—	2
Lysol	3	—	—	2	—	—	5	—	—	2
Unknown Substance ...	3	1	1	—	—	—	3	1	1	5
Acetic Acid	1	—	—	—	—	—	1	—	—	1
Sulphuric Acid	1	—	—	—	—	—	1	—	—	1
Carbondioxide	7	—	—	—	—	—	7	—	—	7
Other Poisons	3	—	2	—	—	—	3	—	2	5
TOTAL	134	14	17	25	4	1	159	18	18	195

POISONING BY ALCOHOL.

MONTH.	CURED.		RELIEVED.		UNRELIEVED.		DIED.		TOTAL.		GRAND TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
January	4	—	9	2	—	—	—	—	13	2	15
February	—	—	9	—	—	—	—	—	9	—	9
March	10	1	—	—	—	—	—	—	10	1	11
April	19	—	—	—	—	—	—	—	19	—	19
May	15	2	—	—	—	—	—	—	15	2	17
June	21	—	—	—	—	—	—	—	21	—	21
July	14	—	—	2	—	—	—	—	14	2	16
August	20	1	—	—	—	—	—	—	20	1	21
September	19	—	—	—	—	—	—	—	19	—	19
October	18	1	—	—	—	—	—	—	18	1	19
November	20	2	—	—	—	—	—	—	20	2	22
December	24	—	—	—	—	—	1	—	25	—	25
TOTAL	184	7	18	4	—	—	1	—	203	11	214

POISONING BY OTHER POISONS.

MONTH.	CURED.		RELIEVED.		UNRELIEVED.		DIED.		TOTAL.		GRAND TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
January	6	2	1	—	—	—	1	—	8	2	10
February	11	—	10	—	—	—	1	—	13	—	13
March	7	1	1	—	—	—	—	—	8	1	9
April	9	1	1	—	—	—	2	—	12	1	13
May	7	3	3	—	—	—	1	—	11	3	14
June	12	2	—	3	—	—	3	—	18	2	20
July	19	1	—	—	—	—	3	—	22	1	23
August	11	2	1	—	—	1	1	—	13	3	16
September	9	5	1	—	—	—	1	—	11	5	16
October	20	8	2	—	—	—	2	—	24	8	32
November	13	—	1	—	—	—	2	—	16	—	16
December	10	—	2	—	—	—	—	1	12	1	13
TOTAL	134	25	14	3	—	1	17	1	165	30	195

DEATHS IN 1926.

Cause of Death.	Male.	Female.	Total.	Cause of Death.	Male.	Female.	Total.
<i>Alimentary.</i>				<i>Parasitic.</i>			
Tuber. Peritonitis	2	2	4	Pellagra	11	1	12
Dysentery	2	—	2	Malaria	—	1	1
Diarrhœa and Enteritis	6	6	12	<i>Poisoning.</i>			
Liver	10	6	16	Alcohol	1	—	1
Diseases of Stomach	3	—	3	Other Poisons	17	1	18
<i>Respiratory.</i>				Other Medical Diseases	5	2	7
Pneumonia	22	6	28	Lunatics	3	—	3
Phthisis	48	10	58	<i>Fractures.</i>			
Pleurisy	1	—	1	Simple	9	1	10
Other Diseases	12	—	12	Compound	14	2	16
<i>Heart</i>	37	6	43	<i>Tumours.</i>			
<i>Urinary.</i>				Malignant	5	3	8
Nephritis	10	—	10	Non-Malignant	—	—	—
Other Diseases	6	1	7	<i>Traumatic Injuries</i>	48	5	53
<i>Blood.</i>				Burns	24	47	71
Spleen	11	2	13	Bilharziasis	3	—	3
Other Diseases	—	—	—	Hernia	7	—	7
<i>Nervous.</i>				Hœmorrhoids... ..	1	1	2
Brain	17	4	21	Liver Abscess	2	—	2
Spinal Cord	1	—	1	Appendicitis	2	1	3
Other Diseases	1	—	1	Vesical Calculus	1	—	1
<i>Constitutional.</i>				Other Surgical Diseases	53	17	70
Senility	21	6	27	Skin Diseases	1	—	1
Debility	19	6	25	Syphilis	2	2	4
Diabetes	5	2	7	Gynæcological Diseases	—	5	5
Rheumatism	1	—	1	Midwifery	—	5	5
				Foundlings	9	5	14
				Fevers	59	20	79
				TOTAL	512	176	688

TABLE SHOWING THE IN-PATIENTS ADMITTED TO GABBARI HOSPITAL IN 1926.

DISEASE.	CURED.	RELIEVED.	DIED.	TOTAL.
Syphilis, Gonorrhœa and Soft-Chancers	3	—	—	3
Syphilis and Gonorrhœa	176	—	—	176
Syphilis	76	—	—	76
Gonorrhœa	303	—	—	303
Soft-Chancres... ..	2	—	—	2
Skin Diseases... ..	7	—	—	7
Under observation... ..	54	—	—	54
Relatives of Patients	2	—	—	2
TOTAL	623	—	—	623

Patients remaining until December 31, 1925 : 75.
,, admitted during 1926 : 631.
,, discharged during 1926 : 623.
,, remaining at the end of 1926 : 83.

BARBERS AND DAYAS TRAINED IN 1926.

NUMBER OF BARBERS.	NUMBER OF DAYAS.	TOTAL.
13	28	41

MEDICAL COMMISSION EXAMINATIONS.

2,201 PERSONS WERE EXAMINED FOR DIFFERENT PURPOSES.

SHORT AND DETAILED MEDICO-LEGAL REPORTS.

DETAILED MEDICO-LEGAL REPORTS.	SHORT MEDICO-LEGAL REPORTS.	TOTAL.
133	1,310	1,443

IN-PATIENTS DEPARTMENT NUMBER OF OPERATIONS.

MONTH.	Surgical Wards (A).	Surgical Wards. (B).	Female Section.	General Total.
January	94	70	56	220
February	101	81	72	254
March	105	71	54	230
April	70	100	58	228
May	145	129	52	326
June	96	98	23	217
July	119	104	48	271
August	130	122	32	284
September	101	113	35	249
October	111	109	61	281
November	129	101	46	276
December	86	71	54	211
TOTAL	1,279	1,168	594	3,041

OUT-PATIENTS DEPARTMENT NUMBER OF OPERATIONS.

MONTH.	MALE.	FEMALE.	GENERAL TOTAL.
January	55	56	111
February	39	36	75
March	36	50	86
April	54	13	67
May	48	39	87
June	43	25	68
July	42	37	79
August	38	59	97
September	35	29	64
October	42	32	74
November	60	46	106
December	41	11	52
TOTAL	533	433	966

LIST OF ALL PATIENTS TREATED IN ALEXANDRIA HOSPITALS DURING 1926.

DISEASES.	Cured.		Relieved.		Unrelieved.		Died.		Total.		Grand Total
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
ALIMENTARY.											
Diseases of Stomach	38	11	18	8	3	3	3	—	62	22	84
Tuber. Peritonitis.	1	2	4	3	2	—	2	2	9	7	16
Dysentery	54	12	16	3	3	2	2	—	75	17	92
Diarrhœa and Enteritis	74	3	14	2	3	—	6	6	97	11	108
Liver	16	4	30	9	11	2	10	6	67	21	88
Other Diseases ...	23	7	2	1	1	1	—	—	27	9	36
RESPIRATORY.											
Pneumonia	37	4	3	1	1	—	22	6	63	11	74
Phthisis	6	—	81	20	11	2	48	10	146	32	178
Pleurisy	15	2	20	7	—	—	1	—	36	9	45
Other Diseases ...	75	9	76	7	3	—	12	—	166	16	182
CIRCULATORY.											
Heart	8	2	52	29	6	3	37	6	103	39	142
Other Diseases ...	—	—	3	—	3	—	—	—	6	—	6
BLOOD.											
Spleen	26	1	6	7	14	2	11	2	57	12	69
Other Diseases ...	—	—	—	—	—	—	—	—	—	—	—
URINARY.											
Nephritis	16	10	33	10	4	—	10	—	62	21	83
Other Diseases ...	88	—	31	3	8	—	6	1	133	4	137
NERVOUS.											
Brain	4	1	19	3	7	14	17	4	47	22	69
Spinal Cord	1	—	6	1	5	2	1	—	13	3	16
Other Diseases ...	16	5	11	4	9	1	1	—	37	10	47
CONSTITUTIONAL.											
Rheumatism	39	10	15	6	1	1	1	—	56	17	73
Diabetes	—	1	11	3	1	—	5	2	7	6	23
Senility	2	—	10	6	6	6	21	6	39	18	57
Debility	2	1	13	3	—	3	19	6	34	13	47
PARASITIC.											
Pellagra	8	—	48	2	1	3	11	1	68	6	74
Malaria	21	1	—	—	—	—	—	1	21	2	23
Ankylostomiasis ...	6	1	8	3	—	—	—	—	14	4	18
Filaria	3	1	1	1	1	—	—	—	5	2	7
Bilharziasis	14	1	63	7	7	—	3	—	87	8	95
Lunatics	—	—	—	1	193	73	3	—	196	74	270
Other Medical Diseases	63	17	24	15	5	—	5	2	97	34	131
FRACTURES.											
Simple	28	6	230	42	9	7	9	1	276	56	332
Compound	36	4	80	9	5	2	14	2	135	17	152
TUMOURS.											
Malignant	8	6	17	1	15	15	5	3	45	25	70
Non-Malignant ...	10	6	9	—	—	2	—	—	19	8	27
Traumatic Injuries.	181	33	314	29	15	9	48	5	558	76	634
Burns	10	12	31	19	4	1	24	47	69	79	148
Fistula in Ano. ...	71	10	58	1	3	—	—	—	132	11	143
Liver Abscess ...	5	—	—	—	1	1	2	—	8	1	9
Hernia	55	11	8	—	31	3	7	—	551	14	565
Hæmorrhoids... ..	256	24	151	2	14	2	1	1	422	29	451
Vesical Calculus ...	34	1	17	—	1	—	1	—	53	1	54
Appendicitis	28	6	4	1	—	—	2	1	34	8	42
Other Surgical Diseases	515	130	356	56	64	17	53	17	987	219	1,206
Ophthalmic	197	80	67	17	8	2	—	—	272	99	371
Skin Diseases ...	167	34	128	29	14	6	1	—	310	69	379
VENEREAL.											
Syphilis	6	1	195	47	2	3	2	2	205	53	258
Gonorrhœa	4	—	27	15	—	—	—	—	31	15	46
Midwifery	—	80	—	1	—	2	—	5	—	88	88
Gynæcological Diseases	—	147	—	38	—	26	—	5	—	216	216
Relatives Accompanying patients ...	80	206	—	—	—	—	—	—	80	206	286
Under Observation found to have no disease... ..	75	56	—	—	—	—	—	—	75	56	131
Foundlings	17	28	—	—	—	—	9	5	26	33	59

ALEXANDRIA GOVERNMENT HOSPITAL.
BILHARZIA AND ANKYLOSTOMA BRANCH.

(a) *Introduction* :—

The branch was opened on August 20, 1926 and from that date up to December 31, 1,291 new patients came for treatment.

This number seems small as compared with the previous returns of other Ankylostoma Hospitals, but is explained as follows :

1. The section is an entirely new one, and its presence is not yet well advertised amongst the general public.
2. It is situated in a district where the infection was imported from the provinces. A large number of patients have been transferred from the out-patients sections department (especially the Medical Out-patients Section) to the new branch.

Out of the 1,291 new patients :—

737 were infected with Bilharzia.
215 „ „ „ Ankylostoma.
292 „ „ „ Ascaris.
339 „ „ „ Other Ova.

Out of the 737 infected with Bilharzia :—

128 were discharged as completely cured.
94 had full course but did not return for reexamination of urine.
108 had over half the course.
178 had below half the course.
141 had no treatment at all.
88 are still under treatment.

From the above table, it is noticed that over half the patients have not continued their treatment. This is attributed to the following causes :—

1. A good percentage of patients have only a slight infection. The symptoms abate after a few injections and they refrain from attending for further treatment.
2. Many of the patients are employed in various trades and cannot absent themselves from their jobs for fear of their services being dispensed with.
3. The strenuous symptoms which follow Tartar Emetic injections prevent certain persons from continuing treatment.

Bilharzia of the Rectum :—

132 have been found suffering from Bilharzia of the Rectum.
126 being lateral spined Mansoni type and 6 being terminal spined Hæmatobium type.

Mixed infection of the Bladder :—

The incidence of mixed infection of the bladder is rather high.
27 have bilharzia Hæmatobia with Bilharzia Mansoni of bladder.
3 have pure Mansoni of bladder.

Only three of the mixed infections had mixed infection of the rectum but none of the three pure Mansoni had any rectal infections. It is interesting to observe that out of the 30 above cases of mixed infection 20 are born at Alexandria and have not left it whilst 10 came from the provinces.

Among the 20 Alexandrians infected, the incidence is higher amongst children; 12 are below 15 years of age whilst six are above.

Intestinal Parasites.

The incidence of Ascaris is higher than Ankylostoma whilst the incidence of other Ova is higher than Ascaris.

There are 339 other parasitic Ova found as follows :—

Oxyuris Vermicularis	104
Trichuris Trichuria	103
Taenia Saginata	49
Taenia Nana	48
Trichostrongylus Instabilis... ..	34
Strongyloid Stercoralis (larva)	1

TOTAL 339

LIST OF SINGLE AND MIXED PARASITIC INFECTIONS.
at the
BILHARZIA AND ANKYLOSTOMA SECTION.

ALEXANDRIA GOVERNMENT HOSPITAL.

Bilharzia of Bladder	...	...	...	...	...	...	...	...	...	...	...	...	...	...	296
„	„	„	with Ankylostoma	...	...	...	...	...	...	...	...	...	...	...	89
„	„	„	„ Ascaris	...	...	...	...	...	...	...	...	...	...	...	80
„	„	„	„ other Ova	...	...	...	...	...	...	...	...	...	...	...	68
„	„	„	„ Ankylostoma and Ascaris	...	...	...	...	...	...	...	...	...	...	...	33
„	„	„	„ „ Other Ova	...	...	...	...	...	...	...	...	...	...	...	9
„	„	„	„ Ascaris and Other Ova	...	...	...	...	...	...	...	...	...	...	...	19
„	„	„	„ Ankylostoma, Ascaris and Other Ova	...	...	...	...	...	...	...	...	...	...	...	9
„	„	Rectum	...	...	...	...	...	...	...	...	...	...	...	...	37
„	„	„	with Ankylostoma	...	...	...	...	...	...	...	...	...	...	...	8
„	„	„	„ Ascaris	...	...	...	...	...	...	...	...	...	...	...	9
„	„	„	„ Ankylostoma and Ascaris	...	...	...	...	...	...	...	...	...	...	...	3
„	„	„	„ Other Ova	...	...	...	...	...	...	...	...	...	...	...	7
„	„	„	„ Ankylostoma and Other Ova	...	...	...	...	...	...	...	...	...	...	...	1
„	„	„	„ Ascaris and Other Ova	...	...	...	...	...	...	...	...	...	...	...	2
„	„	„	„ Ankylostoma, Ascaris and other Ova	...	...	...	...	...	...	...	...	...	...	...	1
„	„	Bladder and Rectum	...	...	...	...	...	...	...	...	...	...	...	...	35
„	„	„	„ „ with Ankylostoma	...	...	...	...	...	...	...	...	...	...	...	15
„	„	„	„ „ „ Ascaris	...	...	...	...	...	...	...	...	...	...	...	13
„	„	„	„ „ „ Ankylostoma and Ascaris	...	...	...	...	...	...	...	...	...	...	...	2
„	„	„	„ „ „ „ and other Ova	...	...	...	...	...	...	...	...	...	...	...	—
„	„	„	„ „ „ „ Ankylostoma, Ascaris and other Ova	...	...	...	...	...	...	...	...	...	...	...	—
Ankylostoma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	26
„	„	with Ascaris	...	...	...	...	...	...	...	...	...	...	...	...	12
„	„	„ other Ova	...	...	...	...	...	...	...	...	...	...	...	...	11
„	„	„ Ascaris and other Ova	...	...	...	...	...	...	...	...	...	...	...	...	15
Ascaris	...	...	...	...	...	...	...	...	...	...	...	...	...	...	66
Ascaris with other Ova	...	...	...	...	...	...	...	...	...	...	...	...	...	...	38
Other Ova	...	...	...	...	...	...	...	...	...	...	...	...	...	...	132
TOTAL														1,036	

General Comments on Administration of Drugs.

The principal drugs used were : Tartar Emetic for Bilharzia, and Carbon Tetrachloride for intestinal parasites in general.

5,085 Tartar Emetic injections have been given.

1,351 Doses of Carbon Tetrachloride administered.

Both drugs have been taken well by the patients.

Certain observations following Administration.

Herpes:—

One patient had an attack of complete Herpes Zoster of left side following the 7th injection. This disappeared after the drug was withheld and local applications ordered.

Two other patients had acute attack of Herpes of the lip following the second and third injections respectively.

Glycosuria Cured after course of Tartar Emetic.

One patient aged 30 years came complaining of Bilharzia of Bladder, none of Rectum and with sugar in his urine. The sugar was proved to be present for two years by previous examinations outside the hospital, he had a large quantity of it. He was losing weight and health.

Tartar Emetic was administered. Sugar and blood microscopically were still found after the sixth injection. After the ninth injection the urine was completely free from sugar and Bilharzia. He had by now 16½ grains of Tartar Emetic. He was ordered to have full diet with plenty of sugar in it and to return in a week. His urine was normal and he was gaining weight and strength.

Effect of Tartar Emetic on Bilharzia Worm.

The fact that this drug when first administered excites the worms to activity is shown by several cases of Bilharzia of Bladder with absolute negative results of Bilharzia of Rectum.

From the second to the third injection they complain of bloody diarrhoeic stools which on examination are found to contain live Bilharzia Ova.

Erythema.

Temporary Erythema is a common occurrence after Tartar Emetic.

Carbon Tetrachloride

This is a very efficient vermifuge with good results especially in Ankylostomiasis.

In cases of Ascariasis it becomes really efficient only when a previous laxative is given the night before.

In cases of Tape Worms it has given good results.

A child six years of age passed a complete worm with head whilst still in the section two hours after administration of Carbon, before the second saline purge was administered.

Blood Condition in Some Cases examined in Section.

Average results given :—

Bilharzia of bladder (8 cases)

Red Blood Cells...	4,562,500
White Blood Cells	11,860
Hæmoglobin ...	70%

Bilharzia of Rectum (5 cases).

Red Blood Cells ...	3,830,000
White Blood Cells	10,530
Hæmoglobin ...	60%
Polymorphonuclear leucocytes	60
Eosinophile leucocytes	8.5
Large and small lymphocytes	31.5

Bilharzia of Bladder and Rectum (4 cases).

Red Blood Cells ...	3,947,000
White Blood Cells	8,440
Hæmoglobin	60%
Polymorphonuclear leucocytes	72
Eosinophile leucocytes	8
Lymphocytes, large and small...	40

Ankylostoma (5 cases).

Red Blood Cells ...	2,373,300
White Blood Cells	10,005
Hæmoglobin	37%
Polymorphonuclear leucocytes	50
Eosinophile leucocytes	16
Lymphocytes, large and small...	33

One patient had 34 per cent eosinophilia.

Bilharzia and Ankylostoma (4 cases).

Red Blood Cells ...	4,175,000
White Blood Cells	11,780
Hæmoglobin	50%
Polymorphonuclear leucocytes	51
Eosinophile leucocytes	10.5
Lymphocytes, large and small...	38.5

Splenomegaly.

Not more than five cases have come to the section with splenomegaly as they are always taken by the surgical departments of the hospital.

The cases that have come through were after the course of treatment referred to the surgical side for further treatment.

TABLE OF CASES OF ANKYLOSTOMA AND BILHARZIA TREATED AT ALEXANDRIA HOSPITAL DURING 1926.

MONTH.	Result of Microscopical Examination after Treatment.						Number of old Patients treated.		Number of new Patients given medicine.		Negative for all parasites.	Negative after examination of urine and stools.	Examination of Stools of New Cases.						Examination of Urine of New Cases.		Number of New Cases.						
	Bilharzia.			Ankylostoma.			Bilharzia.	Ankylostoma.	Bilharzia.	Ankylostoma.			Negative for parasites.	Pos. for other parasites.	Pos. for Ascaris.	Pos. Bilh.		Pos. Ankylostoma.	Number of specimens of stools examined.	Pos. for Bilharzia.	Number of specimens of urine examined.	Total.	Males over 12 years.	Males below 12 years.	Females over 12 years.	Females below 12 years.	
	Total.	Pos.	Neg.	Total.	Pos.	Neg.										T. S. Ova.	L. S. Ova.										
	August	4	1	3	32	9	23	765	235	153	233	60	76	142	26	36	1	12	37	233	153	233	233	172	17	35	9
		45	9	36	65	18	47	1,461	322	141	304	69	144	129	76	61	3	37	50	304	141	304	192	20	62	30	
58		20	38	36	14	22	913	269	113	255	43	125	84	93	71	1	23	50	255	113	255	160	24	48	23		
19		12	7	23	3	20	983	305	160	305	61	126	128	76	74	0	36	44	305	160	305	213	24	49	19		
November	52	18	34	64	26	38	963	220	98	184	22	83	61	68	50	1	18	34	194	98	194	129	12	42	11		
	178	60	118	220	70	150	5,085	1,351	665	1,291	255	554	554	339	292	6	126	215	1,291	665	1,291	866	97	236	92		

OUT—PATIENTS' SECTION OF CHILDREN DISEASES IN 1926.

(1) DISEASES OF INFANCY (NEWLY BORNE).

The youngest baby which came to the Out-patient was 2 months old. We had one in the In-Patient three days old suffering from Jaundice.

(2) DIGESTIVE SYSTEM.

MOUTH DISEASES.

1. Cleft Palate	1
2. Stomatitis	21
3. Acute Tonsillitis	25
4. Enlarged Tonsils	56
5. Abscess of Tonsils, Quinsy ...	1

DISEASES OF STOMACH.

1. Acute Gastritis	22
2. Indigestion	525
3. Acute Gastro enteritis	66

DISEASES OF INTESTINES.

1. Acute Enteritis	887
2. Chronic Enteritis	15
3. Colitis	123
4. Constipation	60
5. Intestinal Colic	—
6. Intestinal Worms	121

ANUS AND RECTUM.

1. Prolapsus Ani	18
2. Anal Fissure	2
3. Imperforate Anus	1

LIVER.

1. Jaundice	6
2. Cirrhosis of Liver	—

DISEASES OF PERITONIUM.

1. Acute Peritonitis... ..	—
2. Tubercular Peritonitis	4
3. Ascites	10

Respiratory System.

DISEASES OF THE NOSE.

1. Epistaxis	2
2. Ozena	2

DISEASES OF LARYNX.

1. Simple Laryngitis	2
-----------------------------	---

BRONCHI AND LUNGS.

1. Acute Bronchitis	610
2. Chronic Bronchitis	27
3. Acute Broncho Pneumonia ...	58
4. Lobar Pneumonia	7
5. Asthma	12
6. Bronchiectosis	1

DISEASES OF PLEURA.

1. Pleurisy, Acute	2
2. Pleural Effusion	4
3. Empyema	2

Circulatory System.

HEART DISEASES.

1. Congenital Heart Diseases... ..	2
------------------------------------	---

DISEASES OF PERICARDIUM

DISEASES OF ENDOCARDIUM

DISEASES OF VALVES.

1. Mitral Stenosis	1
2. Mitral Regurgitation	1
3. Double Mitral	8
4. Other Valves	—

Urinary System.

DISEASES OF KIDNEY.

1. Acute Nephritis	10
2. Chronic Nephritis	—
3. Hydronephrosis	1
4. Renal Colic... ..	3

DISEASES OF URETHER.

1. Stone in Urether	—
----------------------------	---

DISEASES OF BLADDER.

1. Acute Cystitis	4
2. Vesical calculus	10
3. Incontinence of Urine	6

DISEASES OF GENITALS.

1. Phymosis	20
--------------------	----

Diseases of the Nervous System.

FUNCTIONAL.

1. Convulsions	—
(a) General... ..	4
(b) Tetany	5
(c) Laryngismus Stridulosa ...	2
2. Epilepsy	4
3. Chorca	—

DISEASES OF BRAIN AND MENINGES.

1. Acute Meningitis	—
2. Acute Tubercular Meningitis ...	—
3. Encephalitis Lethargica	—
4. Hemorrhage in Brain	—
5. Hydrocephalus	2
6. Deaf-Mutun	2

1. Anterior Poliomyelitis	27
2. Myelitis	2

DISEASES OF NERVES.

1. Neuritis	—
2. Dyphtheritic Paralysis	1
3. Facial Paralysis	2

Diseases of the Blood.

BLOOD.

1. Primary Anæmia (Chlorasis) ...	—
2. Secondary Anæmia :—	
(a) Intestinal Worms	121
(b) Bilharzia	9
(c) Idiopathic	85
3. Anæmia with Enlarged Spleen	
(Von. Yachs)	2
4. Egyptian Splenomegaly	3

(2) DIGESTIVE SYSTEM (continued).

Diseases of the Blood (cont.)

LYMPH AND GLANDS.

1. Acute Inflammation of Glands	25
2. Chronic Inflammation of Glands.	65
3. Tubercular Glands	10
4. Hodgkins Disease	1

Bones and Joints.

1. Acute Inflammation of Joints...	—
2. Chronic Inflammation of Joints	
3. Tubercular Hip Joint	2
4. Tubercular Knee Joint	1
5. Tubercular Vertebrae	6

Deficiency Diseases.

1. Rickets	366
2. Scurvey	—
3. Debility due to Intestinal Trouble	105
4. Severe Debility	35

Infectuous Diseases.

1. Scarlet Fever	00
2. Measles	6
3. Chicken-pox	2
4. Small pox	00
5. Whooping Cough	200
6. Mumps	1
7. Diphtheria	16
8. Typhoid Fever	6
9. Pulmonary Tuberculosis	4
10. Influenza	69
11. Malaria	—
12. Erysipelas	2

RHEUMATISM.

1. Torticlois	1
2. Acute Rheumatism in Joints ...	2
3. Accompanied by Heart Lesion ...	3

TOTAL 3,948

OPERATIONS DONE IN ALEXANDRIA HOSPITAL DURING 1926.

Operations.	Cured.	Relieved.	Unrelieved	Died.	Under Treatment.	Total.
Herniotomy :—						
Inguinal	477	4	—	3	5	489
Ventral	16	—	—	1	—	17
Femoral	6	—	—	—	—	6
Umbilical	4	—	—	—	—	4
Recurrent	23	—	—	1	—	24
Strang. Ing.	20	—	—	2	—	22
„ Umb.	1	—	—	—	—	1
Hydrocele and Hæmatocele	274	4	—	—	1	279
Post Operative Hernia	3	—	—	—	1	4
Undescended Testicle	5	—	—	—	—	5
Varicocele	74	—	—	—	—	74
Castration	12	—	—	—	—	12
Trephining	51	—	—	12	1	64
Prostatectomy	3	5	—	3	—	11
Kidney operations	3	3	—	3	—	9
Benign tumours and cysts	65	—	—	—	—	65
Malignant Tumours :—						
Sarcoma of Lower Jaw	—	—	—	—	—	—
„ of Thigh	2	—	—	—	—	2
„ of Breast	—	—	—	—	—	—
Epithelioma of Lip	1	—	—	—	—	1
Perforating ulcer	—	1	—	—	—	1
Cancer of Breast	6	—	—	—	—	6
„ of Tongue... ..	—	—	—	—	—	—
„ of Axilla	—	—	—	—	—	—
Other malignant tumours	1	4	—	—	—	5
Sarcoma of Brain	—	—	1	—	—	1
Goitre	11	—	—	1	—	12
Sarcoma of Upper Jaw	3	—	—	—	—	3
Parotid and Salivary Calculi	1	—	—	—	—	2
Amputations :—						
Due to injury	10	15	1	4	2	32
„ disease	11	1	—	6	—	18
Supernumerary Finger	1	—	—	—	—	1
Lithotrity	14	—	—	—	—	14
Lithotomy :—						
Suprapubic	—	6	—	1	—	20
Perineal	4	14	—	1	1	20

Operations.	Cured.	Relieved.	Unrelieved	Died.	Under Treatment.	Total.
Cystotomy	5	1	1	1	1	9
Cystoscopy	18	—	7	1	—	26
Mastoiditis	8	5	—	1	—	14
Circumcision	17	—	—	—	—	17
Fistula in Ano	56	87	—	—	1	144
Urinary Fistula... ..	1	14	1	—	—	16
Condylomata	1	—	—	—	—	1
Piles and Fissures	478	45	—	—	5	522
Anal and Ischio-Rectal Abscesses	25	22	—	—	—	47
Necrosis	21	57	3	3	6	90
Extraction of Nail	4	—	—	—	—	4
Plastics	11	8	—	—	—	19
Skin grafting	6	2	—	—	—	8
Empyema of chest	3	—	—	4	1	8
Abscesses, Cellulitis, Sinuses, Ulcers, etc. ...	59	132	10	14	3	218
Carbuncle of neck	—	6	—	—	—	6
Elephantiasis	1	—	—	—	—	1
Hare-lip	4	—	—	—	—	4
Prolapse of Rectum... ..	2	7	—	—	—	9
Imperforate Anus	—	—	—	—	—	—
Spina Bifida	—	—	—	—	—	—
Varicose Veins	9	1	—	—	—	10
Papillomata of Rectum	5	8	—	—	—	13
Decortication	—	—	—	—	—	—
Flap Wounds	19	—	—	1	—	20
Cut Tongue... ..	1	—	—	—	—	1
Ranula	—	1	—	—	—	1
Dilatation of Urethra	—	—	—	—	—	—
Urethrotomy	1	—	—	—	—	1
Trimming operations	6	18	—	3	1	28
Gunshot Wounds	—	—	—	1	—	1
Bilharziasis	—	1	—	—	—	1
Bone operations :—						
Plating and Wiring	8	1	—	1	1	11
Comp. Fractures	3	7	1	1	1	13

Operations.	Cured.	Relieved.	Unrelieved	Died.	Under Treatment.	Total.
Excisions :—						
Head of Mandible	1	—	—	—	—	1
Shoulder	—	—	—	—	—	—
Enlarged Turbinates	1	—	—	—	—	1
Elbow	3	—	—	—	—	3
Coin in œsophagus	1	—	—	—	—	1
Foreign Bodies	16	—	—	—	—	16
Fish bone in throat	1	—	—	—	—	1
Nasal Polypi	4	3	—	—	—	7
Glands of Axilla	8	1	—	—	—	9
Glands of Neck	32	10	—	1	—	43
Examination under Chloroform	4	—	3	—	—	7
Reduction of dislocation... ..	7	—	—	—	—	7
Stitch Sinus	3	—	—	—	—	3
Tonsillectomy	34	—	—	—	—	34
Glands of Groin... ..	11	1	—	—	—	12
Laryngotomy	1	—	—	—	—	1
Cold Abscess	1	2	—	1	—	4
Branchial Sinus... ..	1	—	—	—	—	1
Tracheotomy	4	—	—	—	—	4
Other Operations	19	9	—	3	—	31
MAJOR GYNÆCOLOGICAL OPERATIONS (<i>see</i> LAPAROTOMIES).						
<i>Minor Gynecological operations:—</i>						
Epithelioma of Labia	1	—	—	—	—	1
Urethral Caruncle	—	—	—	—	—	—
Cysts of External Genitals	—	—	—	—	—	—
Redundant Hymen	—	—	—	—	—	—
Bartholinectomy	—	—	—	—	—	—
Perineorrhaphy	7	—	—	—	—	7
Anterior Colporrhaphy	10	—	—	—	1	11
Posterior Colporrhaphy	3	—	—	—	1	4
Vaginal Cysts	1	—	—	—	—	1
Vaginum Bipartum	1	—	—	—	—	1
Vaginal drainage	2	—	—	—	—	2
Uterine Polypus	4	—	—	—	—	4

Operations.	Cured.	Relieved.	Un- relieved.	Died.	Under Treatment.	Total.
Scraping of Cervix	3	—	—	—	—	3
Amputation of cervix	1	—	—	—	—	1
Dilatation of Cervix	18	—	—	—	—	18
Curettage of uterms	48	—	—	—	9	57
Evacuation for Abortion	24	—	—	1	—	25
Atresia of Vagina	1	—	—	—	—	1
Midwifery :—						
Ecclampsia	—	—	—	—	—	—
Accouchement forcé	—	—	—	—	—	—
Forceps	1	—	—	—	1	2
Podalic version	—	—	—	—	—	—
Placenta Prævia	4	—	—	1	—	5
Neglected Shoulder	2	—	—	—	—	2
Transverse	4	—	—	—	—	4
Craniotomy	2	—	—	—	—	2
Vesicular Mole	1	—	—	1	—	2
Exploration	22	—	2	6	—	30
Gastro jejunostomy	5	—	—	—	—	5
Appendicitis	26	—	—	3	—	29
Enlarged spleen... ..	23	—	—	8	—	31
T.B. Peritonitis	1	1	—	—	—	2
Liver abscess	4	—	—	—	—	4
Liver hydatid	1	—	—	—	—	1
Intestinal obstruction	2	—	—	3	—	5
Acute Peritonitis	2	—	—	3	—	5
Rupture of Liver	—	—	—	1	—	1
Rupture of Kidney	1	—	—	—	—	1
Talma Morrison operation	—	—	—	2	—	2
Intestinal growth-bilharzial... ..	2	—	—	—	—	2
Stab wds. with injury to intestines	1	—	—	—	—	1
Stab wds. without injury to intestines are included in exploration	—	—	—	—	—	—
Calculus of ureter	16	—	—	—	—	16
Abdominal Tumours	—	—	—	3	—	3
Joining saphenous abd. cavity for Cirrhosis...	1	—	—	1	—	2
Gyæcological operations	—	—	—	—	—	—

Operations.	Cured.	Relieved.	Unrelieved.	Died.	Under Treatment.	Total.
Pyosalpinx	8	—	—	—	—	8
Ventro Suspensions	27	—	—	—	6	33
Ovarian Cysts and tumours	9	—	—	—	1	10
Ovarian dermoids	2	—	—	—	—	2
Chronic inflammation of the ligaments and cystic ovaries	3	—	—	—	—	3
Hysterectomy	8	—	—	1	—	9
Parovarian cysts	1	—	—	—	—	1
Hematosis of broad ligaments	1	—	—	—	—	1
Wertheim's... ..	—	—	1	—	—	1
Ovarian pyocyst	1	—	—	—	—	1
Hematosis of uterus	1	—	—	—	—	1
Extra uterines	3	—	—	—	—	3
Ruptured uterus (labour)	1	—	—	1	—	2
Cæserean section	1	—	—	1	—	2
GENERAL TOTAL	2,344	507	31	109	50	3,041
Percentage	77·3	16·3	1·1	3·6	1·7	—

TABLE OF SKIN AND SYPHILIS CASES TREATED IN 1926.

SECTION.	No. of Patients.	Skin Diseases.	Syphilis Diseases.	Soft Chancres.	Gonorrhœa.	REMARKS.
In-patients... ..	688	366	269	71	50	Patients suffering from more than one lesion are calculated more than once—as much as their diseases but are calculated once only under the heading of "Number of Patients."
Out-patients (new cases)...	9,561	8,418	3,069	611	819	
Out-patients (old cases) ...	19,083	10,147	7,007	1,612	2,757	
TOTAL... ..	29,332	18,931	10,345	2,294	3,626	

TABLE OF SKIN DISEASES TREATED AT HOSPITAL.

KIND OF DISEASES.	No. In-pt.	No. Out-pt.
1.—CIRCULATORY DISTURBANCES :—		
(a) Hyperæmia Cutis, Erythemas	2	6
(b) Anæmia Cutis, Raynaud's Dis., Chilblains	—	13
2.—HÆMORRHAGES PURPURA	—	4
3.—ABNORMAL SECRETIONS AND DISEASES OF SWEAT AND SEBORRHEIC GLANDS :—		
(a) Hyperidrosis	—	3
(b) Seborrhœa	2	377
(c) Alopecia pityrodes	—	314
(d) Comedo, Miliun	—	93
(e) Lichen Pillaris	1	91
(f) Acne Rosea	—	16
(g) Acne Vulgaris... ..	4	156
(h) Sycosis Simplex	8	52
4.—INFLAMMATIONS :—		
(a) Mechanical inflammation	5	78
(b) Chemical inflammation	9	39
(c) Bacterial inflammation :—		
1. Impetigo Simplex	5	78
2. Impetigo Contagiosa	3	182
3. Impetigo Herpetiformis	—	3
4. Furunculosis	6	36
5. Malignant pustule... ..	—	—
6. Phlegmone Erysipelas	—	—
(d) Skin Diseases of Inflammatory Nature :—		
1. Urticaria	2	104
2. Prurigo	7	182
3. Eczema	71	1,651
4. Lichen Vidal Chronicus	5	27
5. Erythema Nodosum	1	5
6. Erythema Exudativum Multiformis	2	22
7. Toxic Erythema	10	13
8. Pemphigus Vulgaris, foliaceus, vegetans	—	—
9. Herpes Zoster	—	12
10. Dermatitis Herpetiformis	—	—
11. Psoriasis Vulgaris	11	143
12. Pityriasis Lichenoidis chronicus-parapsoriatic... ..	2	8
13. Pityriasis Rubra Hebra	—	—
14. Pityriasis Rubra Pilaris	2	6
15. Lichen Ruber planus	25	169
16. Lichen Rubra Accuminatus	10	65
5.—CHRONIC INFECTIOUS DISEASES :—		
(a) Tuberculosis :—		
1. Lupus Vulgaris	10	13
2. Scrofuloderma	—	—
3. Lichen Scrofulosorum, Sarcoid, Erythema, Bazin	—	2
4. Lupus Erythematous	5	7
(b) Leprosy	—	—
(c) Rhinoscleroma... ..	7	9
(d) Actinomycosis	—	—

KIND OF DISEASES.	No. In-pt.	No. Out-pt.
6.—HYPERTROPHIES :—		
(a) Hypertrophy of pigment :—		
1. Preckles	—	143
2. Chlausma	—	26
(b) Hyperkeratosis :—		
1. Callus	—	52
2. Warts, Condyloma Accuminata	2	48
3. Molluscum Contagiosum	—	16
4. Ichthyosis	2	8
(c) Hypertrophy of Connective tissue :—		
1. Elephantiasis, Plastic Induration of Penis	—	—
2. Scleroderma, Acne Keloid, Keloids	3	11
7.—ATROPHIES :—		
(a) Macular Skin Atrophy	—	—
(b) Total Skin Atrophy	—	—
(c) Atrophy of pigment, Vitiligo	—	25
8.—TUMOURS :—		
(a) Benign :—		
1. Fibroma	—	—
2. Myoma	—	—
3. Lipoma	—	—
4. Xanthoma	—	13
5. Nævus	—	—
6. Lymphangioma	—	—
(b) Malignant :—		
1. Rodent ulcer, Epithelioma	—	—
2. Sarcoma	—	—
3. Multiple idiopathic sarcoma (Kaposi)	—	—
4. Mycosis Fungoidis	—	—
5. Leukæmia and Pseudo leukæmia	—	—
9.—ULCERATIONS :—		
(a) Ulcus Cruris Varicosum	2	10
(b) Perforated ulcer of foot	—	4
(c) Acute Multiple neurotic gangrene, Cancrum Oris... ..	2	3
10.—NEUROSIS :—		
Cutaneous pruritis	3	148
11.—PARASITIC SKIN DISEASES :—		
(a) Dermatozoons :—		
Scabies	106	2,080
(b) Epizoons :—		
1. Pediculosis Capitis	—	91
2. „ Vestimentorum	—	68
3. „ Pubis	—	28
(c) Hyphomycoses :—		
1. Favus	7	507
2. Trichophytia Superficialis and Profunda	9	364
3. Sycosis Parasitaria	7	37
4. Eczema Marginatum	—	81
5. Pityriasis Rosea	—	9
6. „ Versicolor, Herpes Tonsurans	39	482
7. Erythrasma, Ringworm of Skin	7	105
12.—DISEASES OF HAIR AND NAILS :—		
(a) Hypertrichosis	—	—
(b) Alopecia Areata	—	26
(c) Pigmentary Changes of Hair	—	—
(d) Onychiomycosis Trichophytia	—	3

KIND OF DISEASES.	No. In-pt.	No. Out-pt
2 (i). Secondary Stage (Affections of Organs) (<i>continued</i>):-		
(e) Syphilis of Testicles	2	10
(f) „ Lymphatic-apparatus	4	—
(g) „ Periosteum, bones, joints and muscles	4	635
(h) „ Nervous System	2	12
(i) „ Eye	5	6
(j) „ Ear	2	4
2 (ii). Secondary Stage :—		
(a) Latent-syphilis	19	1,573
3. Tertiary Stage	68	299
(a) Tubercular Cutanea	12	39
(b) Gummata... ..	56	260
(h) Hereditary Syphilis	7	156

Ophthalmic Section.

Foreword.

The Department has given special care to facilitate ophthalmic treatment for the inhabitants of the country and made efforts to generalise ophthalmic hospitals or establish ophthalmic branches in general hospitals in the large towns of markazes which are deprived of this treatment. The Department also endeavoured to increase the number of travelling hospitals which are intended to convey treatment to the doors of patients in the villages lying at a remote distance from the localities where permanent hospitals exist.

The Department having found that throwing all the financial burden required for generalising these hospitals solely on the shoulders of the Government will not realise the end aimed at of generalising them as quickly as desired, obtained the promise of the Ministry of Finance to grant the credits required for the maintenance of the ophthalmic hospitals which will be established at the expense of Provincial Councils or individuals.

This Government promise encouraged the Local Bodies and notables to assist the Department in increasing the number of these hospitals.

During 1926 two ophthalmic branches at Mallawi and Barrim (Kôm Hamâda) were opened. These branches were established at the expense of Provincial Councils and taken over by the Department for their administration and maintenance. Considering that the approval of 1926-1927 Budget which contained the credit for the travelling ophthalmic hospitals Nos. 6 and 7 was delayed and did not reach the Department before October, 1926, that the approval of the credit allotted by Charbiya Provincial Council for a travelling ophthalmic hospital was only notified to the Department in November, 1926, and that the Ophthalmic branch established by Daqahlîya Provincial Council at Mît Ghamr General Hospital was not handed over to the Department before March, 1927, the above three units were only opened for treatment early in 1927.

In spite of the long time which necessarily be spent in constructing these hospitals, in selecting their suitable sites and in providing with necessary appliances, as some of them have to be imported from abroad and in training the staff to whom they will be intrusted, the Department has been able to overcome these difficulties and has opened the two travelling ophthalmic hospitals Nos. 6 and 7, the first on January 22, 1927 and the second on February 19, 1927, the Ophthalmic Branch at Mît Ghamr on April 20, 1927 and has completed the equipment of the travelling ophthalmic hospital belonging to Gharbiya Provincial Council and will open it about June, 1927.

By the erection of the ophthalmic hospitals and branches above mentioned, the number of ophthalmic institutions existing in the country till the end of 1926 will be brought to 31; of which 23 are permanent and 8 are travelling. This number shows an increase of 2 ophthalmic branches (at Barrim and Mallawi) over that of 1925, but in April 1927, the time at which this Report is written, the number of ophthalmic hospitals and branches reached 35; of which 24 are permanent and 11 are travelling.

As to the Government ophthalmic hospitals of Fouad Ist at Alexandria and Maghâgha, allotted to in last year's report, these are expected to be totally constructed and equipped during 1927.

It is very pleasant to mention with high appreciation that the Parliament has, during the discussion of this Department's Budget for 1926-1927, expressed the noble desire to encourage the efforts displayed by this Department in improving the sanitary condition of the country and, as a token of this desire, has approved the credits applied for in that Budget for building a large ophthalmic hospital at Rôd el Farag, Cairo, and ophthalmic branches in the general hospitals at Suez, Aswân, Qena and Luxor. The State Buildings Department (Ministry of Public Works) has made the necessary plans and estimates for these buildings and they are expected to be completed within the next two years.

This desire expressed by the Parliament has naturally encouraged the Department to apply for more credits for ophthalmic hospitals in its Budget for the year 1927-1928 and it has therefore proposed to build an ophthalmic hospital at Port Said, an ophthalmic branch in a general hospital at Badâri and 3 other travelling ophthalmic hospitals.

The Department will continue its efforts to induce the Local Bodies and generous individuals to help in increasing the number of permanent ophthalmic hospitals and branches so as to generalise them in all Mudirîya markazes and to increase also the number of travelling

hospitals which are intended for treatment in villages situated at far distances from markaz towns and to establish ophthalmic clinics in the rest of the Government Primary Schools. A large scheme was prepared for this purpose and it is hoped that it will be executed gradually. This scheme also includes the sending of ophthalmic surgeons on educational mission abroad, one every year, for a period of ten years to specialise in the various branches of Ophthalmology, ophthalmic Pathology and Bacteriology. Facilities will be made for the ophthalmic surgeons to obtain study leaves abroad if the exigencies of work allow.

There is at present a medical officer on educational mission at Germany to specialise in practical Optics and another medical officer will be sent during 1927 on educational mission to obtain the D.O.M.S.

It is worth mentioning that two Europeans, a pathologist and an ophthalmic surgeon, arrived and assumed their duties at the Memorial Ophthalmic Laboratory, Gîza; the first in January 1926 and the second in September 1926. They are assisted by two medical officers from the ophthalmic hospitals who returned from educational mission, the first at the end of 1926 and the second at the beginning of 1927. The benefit of Gîza Laboratory is not only limited to teaching ophthalmology and graduating specialists but also comprises researches in connection with ophthalmic diseases prevalent in Egypt.

The Department has but to express its thanks to the Local Authorities for the kindness they have shown towards the poor patients who come from distant villages for treatment at the out-patient department of the ophthalmic hospitals, by the erection of shelters, at their expense, near the hospitals for protecting these patients from the changes of weather. Till the present 6 of these shelters have been erected and it is hoped that the scheme will extend to all hospitals.

PATIENTS.

During 1926 there were 272,777 new patients, 8,745 in-patients treated, 140,788 operations and 2,628,463 attendances of out-patients recorded. These figures, as compared with those of the previous year, show an increase of more than 15 per cent in new patients, 10 per cent in in-patients, 11 per cent in the operations and 15 per cent in the attendances of out-patients. This increase undoubtedly proves the increasing confidence of the population in the ophthalmic hospitals' treatment.

During 1926, 28,681 persons or 10.1 per cent of all patients examined were found to be blind in one or both eyes. This percentage, although still high, is less than that of last year which was 10.4 per cent, and it is gradually falling since 1919, in which it was 15.3 per cent as shown in Table XIV. The definition of blindness followed at the ophthalmic hospitals is the inability to count fingers held up at a distance of one metre (after Troussseau).

The pathological causes of blindness are detailed in Table XII where it is clearly shown that acute ophthalmias form about 74.6 per cent of all causes. The attack of acute ophthalmia is characterised by being very rapid and destructive. Therefore, whenever its signs appear, treatment should be sought for at once. Treatment of acute ophthalmias is by painting with silver nitrate solution (2 per cent) and constant washing of the eye with eusol solution and the washing of the conjunctival sac for some time with same eusol solution. Constant washes (No. of days' treatment) for such cases were 426,554 during 1926.

Microscopical examination showed that gonococcus still causes the largest proportion of infection with acute ophthalmias as was the case in the past.

OPHTHALMIC CLINICS AT GOVERNMENT PRIMARY SCHOOLS.

The Ophthalmic Section carries out the examination, inspection and treatment of all pupils of the primary schools in the capital towns in the provinces in which there are ophthalmic hospitals and also the pupils of Mohammad Ali, Abbâssîya (old Husseinia), Munîa, Mohammadiya, Gamaliya and Abbas Schools in Cairo (the last four opened this year) and Moharram Bey and Ras el Tin Schools in Alexandria.

The number of these schools is now twenty one and the number of pupils examined 9,808 pupils. Ninety two per cent of all pupils were found to be infected with trachoma in its various stages and more than 22 per cent were suffering from that disease in its serious stages (stages 1 and 2). The latter percentage however fell to about 6 per cent as a result of the ophthalmic treatment.

This good result denotes the necessity of generalizing the ophthalmic treatment in schools which can only be done by increasing the number of ophthalmic hospitals and of medical officers required for them.

The statistics have shown that only 32 per cent of the pupils do not possess sufficient good vision to enable them to attain the lowest visual standard required for candidates to the permanent posts in the government service (6/12 in each eye or 6/6 in one and 6/18 in the other).

The vision of some of the above pupils has improved by using spectacles, and thus 282 pupils were able to attain the standard of vision required for government services.

MODIFICATION OF METHOD OF TREATING TRACHOMA IN SCHOOLS.

The method of treating Trachoma ii, was, as mentioned in the report for 1922 :—

“ By rupturing the follicles after cocanization (at the school ophthalmic room) with Graddy's forceps. No scraping with a spoon is to be done. Undue force should not be used and endeavour should be made to cause as little bleeding as possible : this mechanical treatment may require several applications. A bottle of eusol and some cotton wool should be given to each pupil after mechanical treatment. This should be followed by H_gCl_2 one per cent solution applied to the conjunctiva firmly with a glass rod and cotton wool for 10 applications. During this time, further mechanical treatment may be applied if there are still follicles unruptured. After every mechanical treatment a period of at least five days H_gCl_2 rubbing should be applied. After this, $CUSO_4$ drops three per cent should be used until cicatrization is complete.”

The result of this method of treatment was the reduction of percentage of trachoma ii from 9·7 per cent at the beginning of the school session to 2·0 per cent at the end of that session.

Since 1925, a slight modification was made on this method by increasing the number of rubbing with H_gCl_2 one per cent from 5 to 10 times, with the result that the treatment was improved and the percentage reduced from 10·33 per cent at the beginning of the school session (1926–1927) to 0·47 per cent at the end of that session.

This method having proved to be satisfactory will continue to be adopted in the future and care will be taken to try and investigate all methods of treatment with a view of finding the best method.

TREATMENT OF PUPILS OF OTHER PRIMARY SCHOOLS.

The Medical Officers of the travelling and permanent ophthalmic hospitals in markazes and some Governorates have examined the eyes of pupils of all the primary schools existing in these towns where such hospitals exist and recommended that pupils requiring treatment for trachoma, operations for other complications in their eyes or refraction for spectacles, should be sent to the ophthalmic hospital daily at certain times, for treatment. The number of schools treated in this way in 1926 was fifteen.

COST OF PROVISION AND MAINTENANCE OF OPHTHALMIC HOSPITALS.

The capital expenditure involved in the provision and equipment of ophthalmic hospitals (Alexandria Branch excluded) has been L.E. 154,500. Of this sum the amount sustained by the Government was not more than L.E. 35,240. The remainder was paid by the provincial Councils or Municipalities or collected through public subscription or donations.

The annual cost of maintenance in 1925–1926 including the cost of administration and the expenses of the Ophthalmic Clinics in the Primary Schools, was L.E. 50,981 as shown in the detailed lists appended to this report which are significant of proper economical management.

THE OPHTHALMOLOGICAL SOCIETY OF EGYPT.

The annual meeting of the Ophthalmological Society of Egypt was held at the Students' Club, School of Medicine, Cairo, on Friday, April 15, 1927. Most of the Medical Officers of the Ophthalmic Section attended as usual. There were 72 members present and some visitors. Speeches on the following subjects were delivered by members of the Staff:—

The Ophthalmic Hospitals of Egypt; few hints on spring catarrh; a modified combined excision operation; experience with Wheeler's operation of the restoration of the orbit for a prothesis; a rare benign tumour of the orbit, cavernous angioma surgical interference according to professor Truc of Montpellier; a case of exfoliation of the capsule of the lens associated with grey deposits on the pupillary order in chronic glaucoma; a case of chronic glaucoma (monocular) in a girl with severe nævus of the face or coincidence of angioma of the vascular layer of the eye and nævus of the face; how diphtheritic conjunctivitis can be over estimated in its incidence in Egypt; a coincidence of acute glaucoma in one eye with thrombosis of the central vein of the retina and rise of tension of the other eye; transient myopia in diabetes mellitus; interstitial keratitis after trephining in primary glaucoma, diagnosed by the slit lamp; the phenomenon of anisometropia; congenital cystic microphthalmos; hole at macula through trauma with a fist; a case of hæmorrhagic neuro-retinitis due to pernicious anaemia; treatment of lacrimal fistulae with bismuth and iodoform; treatment of blepharitis and eczema of lids with ultra violet radiations from an instrument called Midiafore; gumma of the lids; treatment of chronic dacryocystitis with some modification in the process of syringing; anaphylaxis in milk injection; tutocaine.

TABLE I.—WORK DONE AT ALL OPHTHALMIC HOSPITALS DURING 1926.

1.—IN-PATIENTS : TOTAL NUMBER	8,745
(Number of available beds 510)	
Number of diets issued	165,983
2.—OPERATIONS :—	
I. Major :—	
(a) Senile cataract	1,509
(b) Soft cataract	448
(c) Trichiasis or entropion	53,044
(d) Other operations	13,441
TOTAL	68,442
II. Minor (including mechanical treatment of trachoma)	72,346
GRAND TOTAL, major and minor operations	140,788
3.—OUT-PATIENTS :—	
I.—Incurable	4,044
II.—Postponed	6,781
III.—Tickets issued, <i>i.e.</i> new cases	272,777
IV.—Old cases	2,344,861
V.—Visits made by patients to hospital for treatment (equal I + II + III + IV).	2,628,463
VI.—Average number of visits made to hospital by each patient under regular treatment (old cases+tickets issued) ÷ tickets issued. The factor of incurable cases is neglected	9.6
VII.—Discharges :—	
(a) Cured	74,157
(b) Relieved	15,179
(c) Incurable	1,199
(d) Spontaneously ceased to attend after having attended only once	34,193
(e) Spontaneously ceased to attend after having attended more than once	87,263
VIII.—Trichiasis cases seen among new out-patients :—	
(a) No previous operation having been performed	46,148
(b) Previous operation performed unsuccessfully (not at an Ophthalmic Hospital, but probably by some charlatan)	4,424

N.B.—3. I. Incurable cases do not receive tickets, but are recognized as soon as seen by the surgeon as both incurable and devoid of surgical interest.
VII. (c) Incurable cases include those which are recognized as soon as seen by the surgeon as incurable but are given tickets for statistical or other purposes.

TABLE II.—LIST OF DISEASES (*continued*).

<i>Lens</i> (contd.) :—															
Cataract, traumatic ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ lamellar ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ anterior polar ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ posterior „ ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ dislocated, traumatic ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ „ operative ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ „ congenital ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aphakia ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Secondary cataract ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ectopia lentis	—
<i>Vitreous</i> :—															
Opacities ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Foreign bodies	8
<i>Muscles</i> :—															
Strabismus, alternating ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ convergent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ divergent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heterophoria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nystagmus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paralysis	27
<i>Glaucoma</i> :—															
Primary, acute ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ sub-acute ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ chronic ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Secondary ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<div> <div> Including absolute glaucoma caused by acute, sub-acute or chronic glaucoma. </div> </div>															
<i>Globe</i> :—															
Shrunken globe ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Buphthalmos ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Exophthalmic goitre ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Panophthalmitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Microphthalmos... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anophthalmos ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Late infection after trephining ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Orbit</i> :—															
Tumours ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cellulitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tenonitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Periostitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injuries ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cyst, frontal ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ ethmoidal ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Contracted socket ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fly-blown ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<i>Blind</i> : —															
In one eye... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
In both eyes*	

* Patients are accounted blind who cannot count fingers at one metre.

TABLE IV.—LIST OF OPERATIONS (*continued*).

	TOTAL, brought forward	57,925
<i>Eyelids</i> (contd.):—		
For Ectropion (<i>contd.</i>):—		
Kenneth Scott's	... ..	—
Kuhnt's	... ..	19
Other operations	... ..	47
For ptosis	... ..	30
For symblepharon	... ..	81
For hordeolum and chalazion (minor)...	... ..	2,067
Cyst removed	... ..	133
Wart excised (minor)	... ..	114
Restitching wounds (minor)	... ..	41
Opening abscesses (minor)	... ..	465
Various	... ..	2
<i>Conjunctiva</i> :—		
For trachoma:—		
Expression or Mechanical Treatment (minor)	... ..	36,780
Combined excision of Heisrath	... ..	612
Post-trachomatous degeneration (minor)	... ..	25,186
Other operations } (minor)	... ..	183
(major)	... ..	185
Pterygium	... ..	1,833
Canthotomy (minor)	... ..	12
<i>Cornea</i> :—		
Foreign body removed (minor)	... ..	707
Sæmisch's section	... ..	120
Cautery	... ..	106
Various	... ..	16
<i>Iris</i> :—		
Iridectomy for adherent leucoma	... ..	4,197
,, visual	... ..	535
,, for glaucoma	... ..	668
,, preliminary for cataract	... ..	122
Cystoid cicatrix	... ..	6
Division of anterior synechia	... ..	16
Various	... ..	122
<i>Lacrimal Sac</i> :—		
Excision	... ..	1,187
Various	... ..	1,949
<i>Lens</i> :—		
For senile cataract:—		
Extraction with iridectomy	... ..	1,342
,, after previous iridectomy...	... ..	167
For membrane after extraction: Discission	... ..	1,065
For soft cataract:—		
Extraction	... ..	9
Discission	... ..	115
Curette evacuation	... ..	322
Paracentesis	... ..	2
For membrane after evacuation:—		
Discission	... ..	92
Capsulotomy	... ..	13
TOTAL, carried forward		138,593

TABLE IV.—LIST OF OPERATIONS (*continued*).

TOTAL, brought forward													138,593
<i>Globe:—</i>													
Trephining of cornea-sclera with iridectomy	...	...	...	...	...	...	...	...	...	...	...	...	1,073
Trephining	...	...	...	...	...	...	...	...	...	...	...	...	32
Excision	...	...	...	...	...	...	...	...	...	...	...	...	478
Evisceration	...	...	...	...	...	...	...	...	...	...	...	...	265
Paracentesis	...	...	...	...	...	...	...	...	...	...	...	...	86
<i>Orbit:—</i>													
Exenteration	...	...	...	...	...	...	...	...	...	...	...	...	4
For tumour	...	...	...	...	...	...	...	...	...	...	...	...	11
„ dermoid	...	...	...	...	...	...	...	...	...	...	...	...	23
„ cellulitis	...	...	...	...	...	...	...	...	...	...	...	...	8
„ cyst, frontal	...	...	...	...	...	...	...	...	...	...	...	...	2
„ „ ethmoidal...	...	...	...	...	...	...	...	...	...	...	...	...	1
Tenotomy and advancement	...	...	...	...	...	...	...	...	...	...	...	...	13
Other major operations	...	...	...	...	...	...	...	...	...	...	...	...	194
<i>Trial with magnet:—</i>													
Positive	...	...	...	...	...	...	...	...	...	...	...	...	—
Negative	...	...	...	...	...	...	...	...	...	...	...	...	5
TOTAL													140,788

TABLE V.—NUMBER OF NEW PATIENTS TREATED AND OPERATIONS PERFORMED
AT ALL OPHTHALMIC HOSPITALS DURING 1926.

HOSPITAL.	NUMBER OF PATIENTS.	HOSPITAL.	NUMBER OF OPERATIONS.
No. 1 T. O. H., Rôd el Farag	29,276	No. 1, T.O.H., Rôd el Farag	13,399
Giza	25,071	Giza	9,365
Alexandria	14,027	Tanta	7,151
Asyût	12,434	Asyût	6,985
No. 5, T.O.H.	12,360	No. 5, T.O.H.	6,780
Faiyûm	11,886	Sohâg	5,999
Tanta	11,664	Faiyûm	5,985
Beni Suef	10,712	Benha	5,694
Sohâg	10,564	Ashmoun	5,025
Port Said	10,118	Minya	4,717
Minya	9,425	Shibîn el Kôm	4,703
Shibîn el Kôm	8,464	No. 2, T.O.H.	4,577
Benha	8,419	Qena	4,563
Daqahliya P.C., T.O.H.	8,230	Beni Suef	4,181
Zagazîg	8,007	Zagazîg	4,102
Mansûra	7,375	Mahalla el Kubra	3,932
Ashmûn	7,360	No. 4, T.O.H.	3,877
Suez	7,195	Alexandria	3,875
Mahalla el Kubra	6,623	Minûf	3,809
Qena	6,336	Kafr el Zaiyât	3,719
No. 4 T.O.H.	5,956	Asyût P.C., T.O.H.	3,686
Asyût P.C., T.O.H.	5,862	Mansûra	3,506
Damanhûr	5,836	Damanhûr	3,257
Santa	5,457	No. 3, T.O.H.	3,246
Damietta	5,412	Daqahliya P.C., T.O.H.	3,176
Minûf	4,883	Damietta	3,020
Kafr el Zaiyât	4,556	Santa	2,972
No. 2, T.O.H.	4,472	Port Said	2,707
No. 3, T.O.H.	4,424	Suez	2,608
Barrîm	239	Barrîm	131
Mallawi	134	Mallawi	41

N.B.—Number of working months:—

	Months.	Days.
Mallawi (opened on Dec. 28, 1926)	—	4
Berrîm (opened on Dec. 18, 1926)	—	14
Asyût P.C., T.O.H.	10	29
No. 3, T.O.H.	11	3
Daqahliya P.C., T.O.H.	11	4
No. 2, T.O.H.	11	7
„ 4, T.O.H.	11	8
„ 5, T.O.H.	11	15
Other Hospitals	12	—

TABLE VI.—AVERAGE NUMBER OF OPERATIONS PER MONTH AT ALL
OPHTHALMIC HOSPITALS DURING 1926.

HOSPITAL.	MAJOR.	HOSPITAL.	MINOR.
No. 1, T.O.H., Rôd el Farag	509	No. 1, T.O.H., Rôd el Farag	608
Giza	417	Giza	363
Asyût	311	Tanta	308
Sohâg	296	No. 5, T.O.H.	303
Tanta	288	Faiyûm	294
No. 5, T.O.H.	286	Asyût	272
Benha	244	Ashmûn	249
Asyût P.C., T.O.H.	222	Benha	230
Beni Suef	207	Shibîn el Kôm	209
No. 2, T.O.H.	205	Minya	205
Faiyûm	205	Sohâg	204
Qena	197	Mahalla el Kubra	204
Minya	188	No. 2, T.O.H.	202
Shibîn el Kôm	183	Minûf	185
Daqahliya P.C., T.O.H.	172	Qena	184
Mansûra	171	Barrîm	184
Ashmûn	170	Zagazig	181
No. 4, T.O.H.	169	Kafr el Zaiyât	176
Zagazig	161	No. 4, T.O.H.	175
Alexandria	152	Alexandria	171
Mallawi	147	Damietta	165
No. 3, T.O.H.	146	Port Said	163
Kafr el Zaiyât	134	No. 3, T.O.H.	146
Minûf	132	Damanhûr	143
Damanhûr	129	Beni Suef	142
Mahalla el Kubra	124	Mallawi	140
Santa	117	Santa	131
Suez	93	Suez	125
Damietta	87	Mansûra	121
Barrîm	78	Asyût P.C., T.O.H.	113
Port Said	63	Daqahliya P.C., T.O.H.	113

TABLE VII.—NEW PATIENTS TREATED ACCORDING TO THE AGE
AT WHICH THEY SOUGHT TREATMENT.

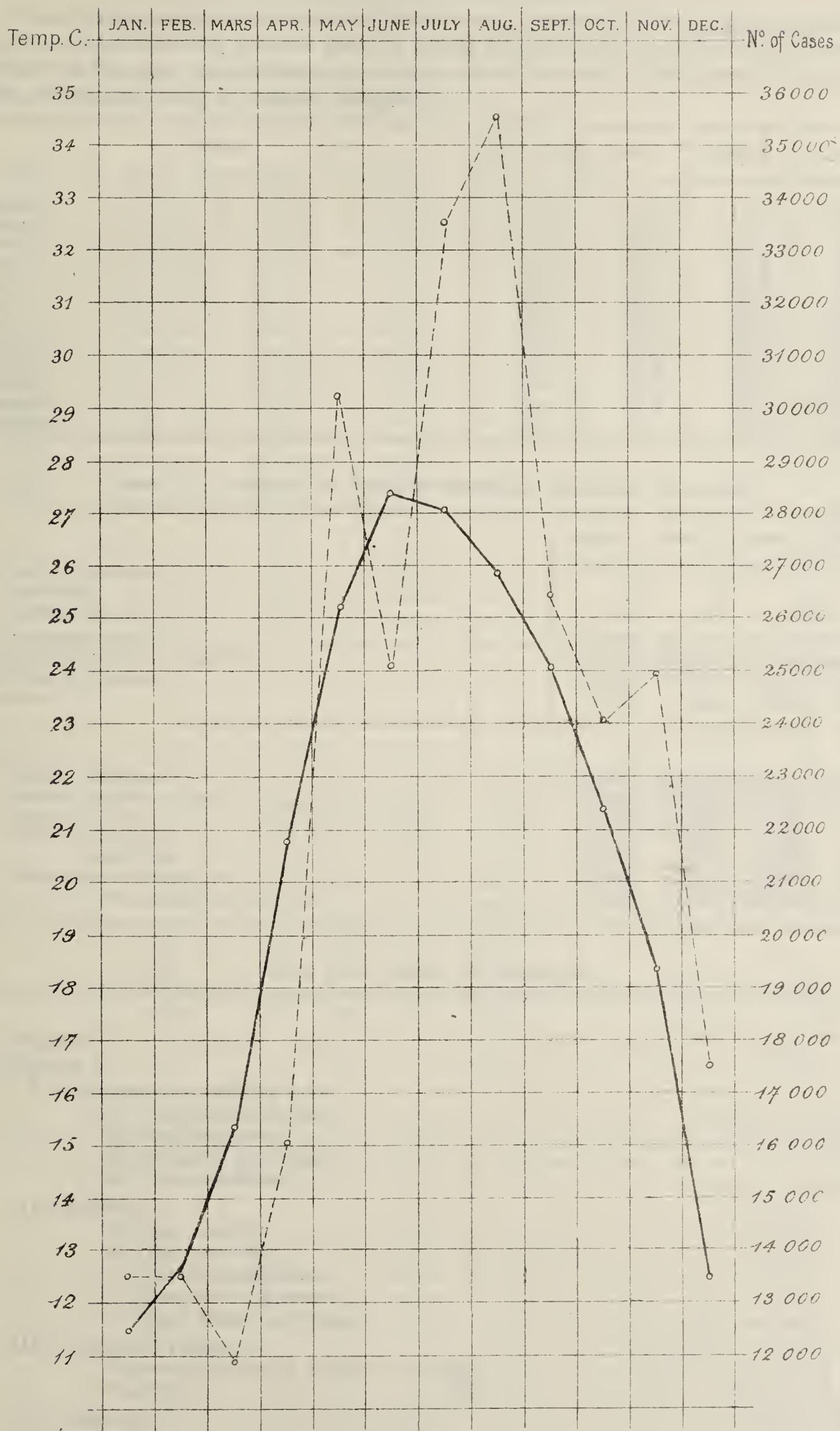
AGE.	NO. OF PATIENTS.
Under one year	16,020
From 1 to 5 years	35,549
„ 6 to 10 „	26,852
„ 11 to 15 „	24,613
„ 16 to 20 „	20,967
„ 21 to 25 „	20,676
„ 26 to 30 „	21,436
„ 31 to 35 „	22,679
„ 36 to 40 „	19,243
„ 41 to 45 „	17,643
„ 46 to 50 „	13,759
„ 51 to 55 „	9,741
„ 56 to 60 „	9,036
„ 61 to 65 „	7,072
„ 66 to 70 „	4,116
Over 70 years	3,375
TOTAL	272,777

TABLE VIII.—NEW PATIENTS TREATED PER MONTH.

January	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13,560
February	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13,595
March	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11,988
April	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16,041
May	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	30,218
June	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25,143
July	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	33,532
August	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	35,563
September	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	26,482
October	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	24,111
November	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	24,966
December	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17,578
TOTAL																			272,777

Table IX

TEMPERATURE AND NUMBER OF NEW PATIENTS TREATED



————— Average temperature in degrees centigrade.

----- New patients treated per month.

N.B. This tables denotes that increase of new patients coincide with the rise of temperature.

TABLE X.—AVERAGE TEMPERATURE.

The average temperature was arrived at by taking one place in Lower Egypt (Qurashîya) one place in Cairo (Gîza), and one place in Upper Egypt (Asyût) and obtaining an average figure from the mean temperature at each place on each month. This is shown in appended table, the reading being in degrees centigrade.

MONTH.	QURASHÎYA.	GIZA.	ASYÛT.	AVERAGE.
January	10·9	11·3	12·2	11·5
February	12·0	12·6	13·6	12·7
March	14·0	14·9	17·0	15·3
April... ..	18·9	20·1	23·3	20·8
May	23·0	24·0	28·5	25·2
June	26·1	26·5	29·6	27·4
July	26·2	26·3	28·6	27·0
August	25·0	25·3	27·5	25·9
September	23·4	23·2	25·3	24·0
October	20·5	20·6	22·9	21·4
November	18·0	18·1	18·7	18·3
December... ..	12·3	12·1	13·2	12·5

TABLE XI.—SYNOPSIS OF WORK OF HOSPITALS SINCE THE YEAR 1923.

	1923	1924	1925	1926
Hospitals in existence :—				
Travelling	5	5	8	8
Permanent	18	20	21	23
New patients treated	156,837	192,555	236,903	272,777
Total attendances of out-patients	1,664,791	1,885,429	2,276,735	2,628,463
Operations performed	82,466	103,582	126,254	140,788
In-patients	4,995	5,916	7,925	8,745
Details :—				
Patients examined	174,004	206,342	246,771	283,602
Patients regularly treated	156,837	192,555	236,903	272,777
Incurable cases	7,859	6,858	6,445	5,243
Blind in one eye... ..	14,394	16,535	19,422	21,979
„ both eyes	5,146	5,716	6,137	6,702
Trichiasis cases examined	31,405	37,433	41,716	50,572
„ eyes operated on and cured	33,904	42,279	47,988	53,044

TABLE XII.—CAUSES OF BLINDNESS.

A.—Congenital	19
B.—Acquired :—	
I.—Conjunctivitis resulting in :—	
(a) Total corneal opacity	8,804
(b) Shrunken globe	8,425
(c) Secondary glaucoma	5,142
(d) Other conditions	1,114
II.—Fundus :—	
(a) Optic atrophy	220
(b) Optic neuritis... ..	8
(c) Retinitis pigmentosa	41
(d) Detachment of retina	67
(e) Other diseases of fundus	214
III.—Glaucoma, Primary :—	
Monocular (including absolute No. 1216)	1,578
Binocular („ „ „ 928)	1,317
IV.—Cataract	3,060
V.—Injury	334
VI.—Operation	48
VII.—Infectious disease... ..	33
VIII.—Iritis endogenous	534
IX.—Various	514
TOTAL	31,472

TABLE XIII.—TOTAL PERCENTAGE OF BLINDNESS IN ONE OR BOTH EYES.

	1923	1924	1925	1926
	Per Cent.	Per Cent.	Per Cent.	Per Cent.
<i>Permanent Hospitals :—</i>				
Tanta	8.06	7.98	8.22	6.33
Asyût	14.25	11.58	7.87	8.82
Mansûra	18.54	17.10	16.07	15.42
Beni Suef	17.34	15.91	15.16	13.28
Zagazîg	10.47	11.26	13.16	5.39
Damanhûr	9.75	9.14	8.55	7.74
Shibîn el Kôm	8.23	9.63	8.59	7.76
Sohâg	11.77	18.39	22.20	19.60
Minya	17.41	11.01	13.14	10.75
Faiyûm	10.30	10.23	10.33	11.40
Benha	10.91	11.52	9.06	8.04
Alexandria	6.99	7.41	6.99	5.99
Port Said	2.76	6.12	4.64	3.43
Qena... ..	14.97	18.99	14.70	17.92
Damietta	16.70	7.55	5.67	7.07
Gîza	—	8.88	8.16	8.11
Suez	—	10.21	8.33	7.55
Mahalla el Kubra	7.07	8.42	7.91	9.73
Kafr el Zaiyât	8.77	7.43	7.17	7.64
Santa	12.46	8.92	7.32	9.06
Minûf	—	—	5.98	8.08
Barrîm... ..	—	—	—	19.01
Mallawi	—	—	—	14.17
<i>Travelling Hospitals :—</i>				
No. I. Travelling :—				
Rôd el Farag	12.22	11.88	11.42	11.11
No. II. Travelling :—				
Gîza	12.88	15.53	—	—
Fâkûs	—	16.12	21.27	—
Desûq	—	—	10.48	—
Dilingât	—	—	—	20.07
Shubrakhît... ..	—	—	—	21.44
No. III. Travelling :—				
Aswân	12.32	13.12	12.73	11.14
Isna	12.63	—	21.28	—
Idfû	—	16.69	—	15.84
No. IV. Travelling :—				
El Saff	—	—	16.00	13.79
Bilbeis... ..	—	—	—	14.64
No. V. Travelling :—				
Beni Mazâr	—	—	11.16	12.04
Girga	—	—	—	14.31
Asyût Travelling :—				
Manfalût	5.87	—	6.41	—
Dairût	7.64	—	10.44	—
Mallawi	—	11.27	16.00	10.19
Abnûb	5.87	6.05	—	10.29
Abu Tîg	11.21	9.33	9.61	11.10
Badâri	—	7.63	—	10.67
Daqahlîya Travelling :—				
Mît Ghamr	—	3.43	—	7.46
Matarîya	6.21	—	—	—
Dikirnis	12.67	8.94	10.97	11.28
Fâriskûr	—	7.86	—	—
Aga	13.09	—	9.09	15.98
Simbillâwein	19.85	5.36	10.72	7.91
Manzala	—	—	9.73	—
Minûfiya Travelling :—				
Ashmûn	—	—	14.70	9.85

TABLE XIV.—BLINDNESS AMONG OUT-PATIENTS SINCE 1909.

YEAR.	TOTAL NUMBER OF PATIENTS EXAMINED.	ONE EYE.		BOTH EYES.		ONE EYE AND BOTH EYES.	
		Number.	Per Cent.	Number	Per Cent.	Number.	Per Cent.
1909	22,373	2,116	9·4	1,385	6·1	3,501	15·6
1910	25,506	2,438	9·5	2,010	7·8	4,448	17·4
1911	31,274	3,196	10·2	2,811	8·9	6,007	19·2
1912	43,668	4,115	9·4	2,824	6·4	6,939	15·8
1913	62,233	5,360	8·6	3,878	6·2	9,238	14·8
1914	75,398	6,425	8·5	3,591	4·7	10,016	13·2
1915	71,930	5,637	7·8	2,992	4·2	8,629	12·0
1916	94,447	7,042	7·4	3,504	3·7	10,546	11·2
1917	100,410	9,385	9·3	4,611	4·6	13,996	13·9
1918	90,668	8,969	9·9	4,261	4·7	13,230	14·6
1919	83,577	8,537	10·2	4,278	5·1	12,815	15·3
1920	108,113	9,833	9·1	5,154	4·7	14,987	13·8
1921	127,223	10,566	8·3	5,053	3·9	15,619	12·2
1922	147,492	12,524	8·5	4,850	3·3	17,374	11·8
1923	174,004	14,394	8·3	5,146	2·9	19,540	11·2
1924	206,342	16,535	8·0	5,716	2·8	22,251	10·8
1925	246,771	19,422	7·9	6,137	2·5	25,559	10·4
1926	283,602	21,979	7·7	6,702	2·6	28,681	10·1
TOTAL	1,995,031	168,473	8·4	74,903	3·8	243,376	12·2

N.B.—The definition of blindness adopted here is that proposed by Trousseau, that is to say, inability to count fingers held up at a distance of one metre.

TABLE XV.—YEARLY PERCENTAGE OF BLINDNESS AMONG
OPHTHALMIC HOSPITALS PATIENTS SINCE THE YEAR 1909.

YEAR.	Per Cent of Blindness in one or both Eyes.	YEAR.	Per Cent of Blindness in one or both Eyes.
1909	15·6	1918	14·6
1910	17·4	1919	15·3
1911	19·2	1920	13·8
1912	15·8	1921	12·2
1913	14·8	1922	11·8
1914	13·2	1923	11·2
1915	12·0	1924	10·8
1916	11·2	1925	10·4
1917	13·9	1926	10·1

N.B.—The definition of blindness adopted here is that proposed by Trousseau, that is to say, inability to count fingers held up at a distance of one metre.

TABLE XVI.—PRIMARY GLAUCOMA.

Acute	32
Subacute	184
Chronic	3,401
TOTAL	3,617
Total number of patients examined	283,602
Per cent of glaucoma cases	1·27
Per cent of absolute glaucoma cases	0·76
Operations :—	
Iridectomy	668
Trephine with iridectomy	1,073

* Including 2144 absolute monocular and binocular.

TABLE XX.—NUMBER OF BEDS AT THE OPHTHALMIC HOSPITALS.

HOSPITAL.	First.	Second.	Third.
No. 1 Travelling	—	—	30
„ 2 „	—	—	20
„ 3 „	—	—	15
„ 4 „	—	—	14
„ 5 „	—	—	14
Tanta	—	—	28
Asyût	1	—	43
Mansûra	—	—	34
Beni Suef	—	—	22
Zagazîg	—	—	26
Damanhûr	—	—	28
Shibîn el Kôm	—	—	20
Sohâg	—	—	20
Minya	—	—	21
Faiyûm	—	—	10
Benha	—	—	22
Alexandria	—	—	31
Port Said	—	—	6
Qena	—	—	23
Damietta	—	—	22
Gîza	—	—	30
Suez	—	—	8
Daqahliya	—	—	12
Santa	—	—	10
TOTAL	1	—	509

TABLE XXI.—COST OF UNIFORM DIETS FOR THE IN-PATIENTS OF THE OPHTHALMIC HOSPITALS DURING 1926, EXCLUDING COST OF RATIONS OF EMPLOYEES.

HOSPITAL.	Number of Diets issued.	Total Cost.*	Cost per Day per Head.
		L.E.	Mills.
Faiyûm	4,262	186	43·6
Daqahliya Travelling (Mît Ghamr, Dikirnis, Aga, Simbel- lâwein)	3,853	162	42·0
Sohâg	6,942	281	40·4
No. 3 Camp, Aswân and Idfû	3,924	158	40·2
Beni Suef	7,575	294	38·8
Santa	3,481	135	38·7
Minya	7,871	280	35·5
Damanhûr	7,272	248	34·1
Zagazîg	8,336	279	33·4
Tanta	8,728	278	31·8
Gîza... ..	10,847	339	31·2
Mansûra... ..	11,274	346	30·6
Qena	7,198	217	30·1
No. 1 Camp, Rôd el Farag... ..	10,469	310	29·6
No. 5 Camp, Beni Mazâr and Girga†	5,325	158	29·6
Shibîn el Kôm	6,160	177	28·7
Benha	6,928	198	28·5
No. 4 Camp, El Saff and Bilbeis‡	3,915	82	20·9
Asyût	15,475	300	19·3
No. 2 Camp, Dilingât and Shubra Khît†	5,546	61	10·9
TOTAL... ..	145,381	4,489	30·8

* Fuel excluded.
† Some bought locally and some supplied by contractors.
‡ Food bought locally.

Scale of Full Diet as given to All In-patients at all Ophthalmic Hospitals.

	Grammes.
Bread	600
Beef	150
Vegetables	150
Lentils... ..	75
Rice	75
Milk	200
Native butter (<i>Samna Baladi</i>)	15
Sugar	30
Salt	20

TABLE XXII.—SOURCES OF PROVISION OF OPHTHALMIC HOSPITALS.

HOSPITAL.	Date at which opened.	Government Grant.	Public Subscription or Private Benefaction.	Provincial Councils or Municipalities.
		L.E.	L.F.	L.E.
No. 1 Travelling*	1904	—	1,000	—
No. 2 Travelling	1905	—	1,000	—
Tanta	1908	8,463	—	—
Asyût	1911	8,817 and site	5,004	—
Mansûra	1912	—	5,000	—
Beni Suef		—	4,000	—
Asyût Travelling		—	—	720
Zagazîg	1913	—	—	4,286
Mahalla el Kubra... ..		—	—	2,400
Kafr el Zaiyât		—	—	2,200
Daqahliya Travelling		—	—	720
Damanhûr	1914	—	—	5,000
Shibîn el Kôm		—	5,422	—
Sohâg		960	4,000	—
Minya	1915	—	—	5,500
Santa		—	—	2,600
Faiyûm	1916	Site.	—	4,000
No. 3 Travelling †	1918	—	—	1,500
Benha	1920	—	14,000	—
Alexandria (Oph. Branch) ...		annexed to general Hosp.	—	—
Port Said... ..	1921	1,000	—	1,000
Qena... ..	1923	—	12,400	2,800
Damietta (Oph. Branch) ...		1,000 annexed to general hospital	240	—
Fouad I Govt. Ophthalmic Hospital, Gîza	1924	3,000 and site.	8,668	600
Suez Ophthalmic Branch under canvas annexed to general Hospital... ..		1,000	—	—
No. 4 Travelling		2,000	—	—
„ 5 „	1925	2,000	—	—
Minûf		—	—	950
Ashmûn		—	—	950
Memorial Ophthalmic Laboratory Gîza		2,000	6,600	—
Berrîm	1926	—	—	800
Mellawi		—	—	800
TOTAL		30,240	67,334	36,826

* Retained in Cairo for provision of clinical facilities for teaching.

† For South Egypt. Isna to Aswân until Aswân Permanent Hospital is built.

TABLE XXIII.—ACTUAL EXPENDITURE 1925-1926.—(A) CENTRAL ADMINISTRATION.

CHAPTER.	Grant.	Expenditure.
	L.E.	L.E.
Pensionable Staff	5,166	4,331
Hors Cadre Staff	313	313
Transport, Transfer and Travelling Allowance	1,200	409
Telephones	23	—
Telegrams	10	—
TOTAL	6,712	5,053

* Included in the general expenditure of the various units of the whole Department.

TABLE XXIV.—ACTUAL EXPENDITURE 1925-1926.—(B) GOVERNMENT OPHTHALMIC HOSPITALS.

CHAPTER.	Grant.	Total Actual Expenditure.
	L.E.	L.E.
Pensionable Staff	12,922	12,922
Hors Cadre Staff	9,172	9,172
Ophthalmic allowance	288	60
Transport, transfer and travelling allowance	1,200	851
Food	5,511	6,206
Forage	76	69
Water	518	452
Light	245	251
Disposal of sewage	73	46
Heating	+ *	426
Rent	100	20
Telegrams and Telephones	198	157
Stores :—		
General equipment	+ *	5,697
Surgical equipment		322
Instruments		556
Drugs		3,059
Dressings		813
Transport of Stores	1,200	92
Petty Expenses... ..	395	255
TOTAL		41,426 †

* No special grant for the Ophthalmic Hospitals. The grant is for the various units of the whole Department.

† Excluding repairs, being omitted as the credit is at the disposal of the Public Works Ministry and no return is made.

TABLE XXV.—ACTUAL EXPENDITURE 1925-1926.—(B) GOVERNMENT OPHTHALMIC HOSPITALS (PER UNIT).

CHAPTER.	No. 1 Camp.		No. 2 Camp.		No. 3 Camp.		No. 4 Camp.		No. 5 Camp.		Tanta.	Asyût.	Mansûrah.	Beni Suef.	Zagazig.	Panauhîr.	Shibin el Kôm.	Sohâg.	Minya.	Faiyûm.	Benha.	Alexandria Ophthalmic Branch and Schools.	Port Said.	Qena.	Damietta.	Giza.	Suez.	Cairo Schools.	TOTAL.	
	L.E.		L.E.		L.E.		L.E.		L.E.		L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	
Pensionable staff	581	431	558	301	264	926	767	809	631	719	667	747	633	705	565	620	360	390	636	293	904	235	180	12,922						
Hors cadre staff	490	421	515	232	227	566	540	496	402	467	442	428	515	457	416	479	204	334	499	191	629	93	129	9,172						
Ophthalmic allowance	—	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30	—	60						
Transport, transfer and travelling allowance	68	210	71	73	10	43	30	20	35	66	14	31	7	13	55	18	—	—	55	11	21	—	—	851						
Food	494	† 84	250	* 156	† 274	359	349	416	428	356	316	254	403	362	273	309	—	48	300	25	721	29	—	† 6,206						
Forage...	39	6	14	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	69						
Water...	11	—	9	—	—	72	47	10	61	61	27	46	—	32	—	36	—	—	36	2	—	—	—	452						
Light	24	—	—	—	—	8	42	25	29	7	25	—	—	—	6	—	—	—	—	21	64	—	—	251						
Disposal of sewage	—	—	—	—	—	6	—	4	—	14	—	—	—	—	22	—	—	—	—	—	—	—	—	46						
Heating	21	10	6	—	13	22	44	11	19	24	19	—	1	97	—	10	—	1	37	—	91	—	—	426						
Rent	—	—	—	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20						
Telegrams and telephones	21	—	—	—	—	9	10	11	9	9	9	11	9	9	9	8	—	9	9	1	14	—	—	157						
Stores :—																														
General equipment	916	175	209	24	104	317	524	206	349	408	322	189	266	317	237	218	—	170	211	14	371	150	—	5,697						
Surgical equipment	190	7	12	—	7	23	12	8	16	8	4	9	—	—	12	—	—	—	13	—	—	1	—	322						
” instruments	104	19	11	11	24	20	10	10	12	45	16	18	20	27	8	27	—	19	13	5	131	6	—	556						
Drugs	317	163	106	50	55	190	268	202	200	111	59	112	105	159	189	107	—	115	152	27	312	60	—	3,059						
Dressings	95	23	16	5	18	86	43	1	62	35	33	36	20	35	108	39	—	35	64	—	59	—	—	813						
Transport of stores	—	45	18	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	92						
Petty expenses	10	6	12	4	12	16	13	19	13	13	14	17	8	25	12	14	—	—	15	6	23	3	—	255						
TOTAL	3,381	1,630	1,807	892	1,028	2,663	2,699	2,248	2,266	2,343	1,967	1,900	1,987	2,238	1,912	1,885	564	1,121	2,040	599	3,341	606	309	41,426						

* Food bought locally.

† Some is bought locally and some is supplied by contractors.

‡ Including cost of butter supplied by Central Stores.

TABLE XXVI.—ACTUAL EXPENDITURE 1925-1926.—(C) PROVINCIAL COUNCIL OPHTHALMIC HOSPITALS.

CHAPTER.	GHARBĪYA.					ASSYŪT.		DAQAHLĪYA.		MENŪFIYA.			
	Grant.	Expenditure.	Expenditure Per Unit.			Grant.	Expenditure.	Grant.	Expenditure.	Grant.	Expenditure.	Expenditure per Unit.	
			Mahalla el Kubra.	Kafr el Zayāt.	Santa.							Minūf.	Ashmūn.
	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.
Employees	1,174	1,023	383	352	288	252	252	324	303	324	324	324	324
Servants	629	563	153	171	239	109	101	242	223	127	127	127	127
Transport and travelling allowance	—	21	4	5	12		29	100	124	36	3	3	3
Food	100	161	—	—	161		—	160	162	—	—	—	—
Light and heating	26	9	2	1	6		2	20	9	20	3	3	3
Stores :—													
Equipment... ..	420	226	71	54	101	L.F. 220 for depenses diverses, no details.	93	200	114	400	78	78	78
Instruments													
Drugs	240	247	115	52	80		90	150	127				
Post and telegrams	6	8	2	1	5		3	1	4	4	—	—	—
Petty expenses	45	23	1	1	21		11	15	28	30	2	2	2
TOTAL	2,640	2,281	731	637	913	581	590	1,212	1,094	1,276	537	537	—

Opened on December 25th, 1926 and its expenditures registration is carried out by the Provincial Council.

TABLE XXVII.—COMPARISON OF THE COST OF MAINTENANCE OF A PERMANENT
OPHTHALMIC HOSPITAL IN 1914 AND 1926.

	Number.	1914	TOTAL.	Number.	1926	TOTAL.
		L.E.	L.E.		L.E.	L.E.
ART. 1.— <i>Salaries, Wages, and Allowances :—</i>						
A.—Pensionable Staff :—						
Medical Officer	2	336		2	420	
Clerk	1	60		1	90	
Mo ^c awin	—	—		1	90	
	3		396	4		600
C.—Hors Cadre Staff :—						
Mo ^c awin	1	48		—	—	
Chief attendant	1	36		2	84	
Attendants (male)	2	42		5	150	
” (female)	2	36		2	42	
Cook	1	24		1	42	
Sai	1	18		1	30	
Gardener	—	—		1	30	
Boab	1	18		—	—	
Sundry subordinate staff	3	54		—	—	
	12		276	12		378
E.—Allowances... ..		72	72		—	—
ART. 2.— <i>Transport, Transfer and Travelling Allowances :—</i>						
Transport		50	50		10	80
Transfer					20	
Travelling allowance... ..					50	
ART. 3.— <i>Food</i>			139			371
ART. 5.— <i>Rent, Water, Lighting, etc. :—</i>						
Water		30			60	
Lighting		40			40	
Heating		20			30	
Sewage		12			—	
			102			130
ART. 6.— <i>Books and Periodicals</i>			1			—
ART. 7.— <i>Telegrams and Telephones :—</i>						
Telegrams		9	9		2	12
Telephones					10	
ART. 8.— <i>Petty Expenses</i>			12			20
ART. 11.— <i>Stores</i>			300			500
TOTAL			1,357			2,091

Statistics of Ophthalmic Treatment in Schools, 1926-1927.

Ophthalmic treatment has been carried out at the Primary Government Schools of Tanta, Asyût, Mansûra, Beni Suef, Zagazîg, Damanhûr, Shibîn el Kôm, Suhâg, Minya, Faiyûm, Gîza, Benha, Moharram Bey and Ras el Tîn at Alexandria, Abbâsiya, Mohammad Aly, Munîra, Mohammadiya, Gamaliya and Abbâs at Cairo, and Qena.

TABLE I.—CONDITION OF CONJUNCTIVA.—(a) BEGINNING OF THE YEAR.

SCHOOLS.	No Trachoma.	Non-trachomatous conjunctivitis.	TRACHOMA.				TOTAL.
			I.	II.	III.	IV.	
Tanta	27	—	57	130	318	217	749
Per cent	3·60	—	7·61	17·36	42·46	28·97	
Asyût	27	—	106	61	243	96	533
Per cent	5·07	—	19·89	11·44	45·59	18·01	
Mansûra	26	—	244	27	102	255	654
Per cent	3·98	—	37·31	4·13	15·59	38·99	
Beni Suef	35	—	59	48	253	173	568
Per cent	6·17	—	10·39	8·45	44·54	30·45	
Zagazîg	55	—	2	37	295	213	602
Per cent	9·14	—	0·33	6·15	49·00	35·38	
Damanhûr	14	—	37	44	199	71	365
Per cent	3·84	—	10·14	12·05	54·52	19·45	
Shibîn el Kôm	11	—	7	29	77	68	192
Per cent	5·73	—	3·65	15·10	40·10	35·42	
Sohâg	8	—	6	34	135	148	331
Per cent	2·42	—	1·81	10·27	40·79	44·71	
Minya	16	—	31	66	124	100	337
Per cent	4·74	—	9·19	19·58	36·79	29·67	
Faiyûm	6	—	24	76	160	80	346
Per cent	1·73	—	6·94	21·97	46·24	23·12	
Gîza	24	—	23	47	153	89	336
Per cent	7·14	—	6·85	13·99	45·54	26·48	
Benha	15	—	80	65	154	89	403
Per cent	3·72	—	19·85	16·13	38·21	22·08	
Moharram Bey	75	—	25	17	57	168	342
Per cent	21·93	—	7·31	4·97	16·67	49·12	
Abbâsiya	57	—	71	30	156	288	602
Per cent	9·47	—	11·79	4·98	25·91	47·84	
Mohammad Aly	29	—	113	48	152	333	675
Per cent	4·30	—	16·74	7·11	22·52	49·32	
Ras el Tîn	148	—	38	35	134	503	858
Per cent	17·25	—	4·43	4·08	15·62	58·62	
Qena	9	—	32	70	105	28	244
Per cent	3·69	—	13·11	28·69	43·03	11·47	
Munîra	49	—	51	27	75	238	440
Per cent	11·14	—	11·59	6·14	17·04	54·09	
Mohammadiya	21	—	53	61	133	245	513
Per cent	4·09	—	10·33	11·89	25·93	47·76	
Gamâliya	20	—	28	33	68	67	216
Per cent	9·26	—	12·96	15·28	31·48	31·02	
Abbâs	83	—	60	28	139	192	502
Per cent	16·51	—	11·95	5·58	27·69	38·25	
TOTAL	755	—	1147	1013	3232	3661	9808
Per cent	7·70	—	11·69	10·33	32·95	37·33	

TABLE I.—CONDITION OF CONJUNCTIVA.—(b) END OF THE YEAR.

SCHOOL.	No Trachoma.	Non-trachomatous conjunctivitis.	TRACHOMA.				TOTAL.
			I.	II.	III.	IV.	
Tanta	23	—	—	—	452	175	650
Per cent	3·54	—	—	—	69·54	26·92	
Asyût	24	—	47	4	287	125	487
Per cent	4·93	—	9·65	0·82	58·93	25·67	
Mansûra	32	—	207	—	122	274	635
Per cent	5·04	—	32·59	—	19·21	43·15	
Beni Suef	32	—	32	11	283	143	501
Per cent	6·38	—	6·38	2·19	56·49	28·54	
Zagazig	55	—	—	—	150	365	570
Per cent	9·64	—	—	—	26·35	64·04	
Damanhûr	10	—	11	—	216	105	342
Per cent	2·92	—	3·22	—	63·15	30·70	
Shibîn el Kôm	11	—	1	1	92	82	187
Per cent	5·88	—	0·53	0·53	49·19	43·85	
Sohâg	10	—	1	2	158	160	331
Per cent	3·02	—	0·30	0·60	47·73	48·33	
Minya	21	—	—	3	188	112	324
Per cent	6·48	—	—	0·92	58·02	34·57	
Faiyûm	6	—	5	2	186	109	308
Per cent	1·94	—	1·62	0·65	60·39	35·39	
Gîza	24	—	5	—	203	92	324
Per cent	7·41	—	1·54	—	62·65	28·39	
Benha	16	—	35	5	218	142	416
Per cent	3·84	—	8·41	1·20	52·40	34·13	
Moharram Bey	79	—	—	—	70	197	346
Per cent	22·83	—	—	—	20·23	56·93	
Abbâssiya	58	—	32	3	197	308	598
Per cent	9·69	—	5·35	0·50	32·94	51·51	
Mohammad Aly	26	—	40	—	182	411	659
Per cent	3·94	—	6·06	—	27·61	62·36	
Râs el Tin	132	—	—	—	167	514	813
Per cent	16·23	—	—	—	20·54	63·22	
Qena	8	—	28	—	109	103	248
Per cent	3·22	—	11·29	—	43·95	41·53	
Munîra	50	—	37	5	123	248	463
Per cent	10·79	—	7·99	1·08	26·56	53·50	
Mohammadiya	20	—	—	—	200	264	484
Per cent	4·13	—	—	—	41·32	54·54	
Gamâliya	20	—	7	2	112	74	215
Per cent	9·30	—	3·25	0·93	52·09	34·42	
Abbâs	86	—	50	6	175	199	516
Per cent	16·66	—	9·69	1·19	33·91	38·56	
TOTAL	743	—	538	44	3890	4202	9417
Per cent	7·88	—	5·71	0·47	41·31	44·62	

TABLE II *a*.—EFFECT OF TREATMENT ON SERIOUS STAGES OF TRACHOMA.

YEAR.	BEGINNING OF THE YEAR.			END OF THE YEAR.	
	Pupils with any stage of Trachoma.	Pupils with serious stages of Trachoma I. and II.		Pupils with serious stages of Trachoma I. and II.	
	No.	No.	Per Cent.	No.	Per Cent.
1907-1908	464	289	62.3	—	—
1914-1915	1,553	342	22.0	61	4.0
1916-1917	1,528	327	21.4	48	3.0
1917-1918	1,699	282	16.6	71	4.2
1919-1920	2,454	410	16.7	201	8.2
1920-1921	3,363	643	19.1	290	8.6
1921-1922	5,036	1,369	27.2	580	11.5
1922-1923	6,140	1,982	32.3	892	14.5
1923-1924	6,820	2,115	31.0	835	12.2
1924-1925	7,107	2,442	34.4	722	10.2
1925-1926	7,337	1,865	25.4	374	5.1
1926-1927	9,053	2,160	23.9	582	6.4

TABLE II *b*.—STAGES OF TRACHOMA AT BEGINNING AND END OF SCHOOL YEAR.

STAGES OF TRACHOMA.						BEGINNING OF THE YEAR.		END OF THE YEAR.	
						No.	Per Cent.	No.	Per Cent.
Trachoma	I	...	...	...	...	1,147	12.7	538	6.2
„	II	...	...	...	...	1,013	11.2	44	0.5
„	III	...	...	...	...	3,232	35.7	3,890	44.9
„	IV	...	...	...	...	3,661	40.4	4,202	48.4

TABLE III a.—TRACHOMA AND ITS RELATION TO SCHOOL YEARS (Beginning of the Year).

SCHOOL.	1ST YEAR.				2ND YEAR.				3RD YEAR.				4TH YEAR.			
	Trachoma.				Trachoma.				Trachoma.				Trachoma.			
	Non-Trachomatous.	I.	II.	III.	IV.	Non-Trachomatous.	I.	II.	III.	IV.	Non-Trachomatous.	I.	II.	III.	IV.	
Tanta	4	24	26	52	32	5	16	27	72	53	12	14	49	77	66	66
Asyût	4	34	24	44	13	9	24	16	39	19	9	33	14	100	36	28
Mansûra	6	80	17	25	26	11	77	9	27	62	5	51	—	33	87	80
Beni Suef	7	21	15	30	22	12	17	7	61	31	7	14	10	91	53	67
Zagazîg	19	—	18	74	35	15	2	15	77	52	8	—	4	87	74	52
Damanhûr	5	22	20	25	10	2	8	13	52	14	6	4	7	64	24	23
Shibîn el Kôm	2	2	6	19	11	—	4	8	21	9	5	—	6	21	25	23
Subâg	1	3	10	26	24	2	2	11	32	36	2	1	7	47	55	33
Minya	—	16	23	24	7	2	11	24	31	21	5	2	11	32	30	42
Faiyûm	2	10	23	33	8	1	3	21	38	24	1	7	18	43	28	20
Gîza	4	13	28	16	8	5	4	10	47	23	10	5	7	60	30	28
Benha	6	38	33	13	13	3	19	17	34	13	5	18	5	57	30	33
Moharram Bey	21	7	5	6	17	25	10	5	31	25	18	5	7	12	76	50
Abbâssiya	14	29	17	21	29	22	22	8	50	70	11	13	5	61	82	107
Mohammad Aly	13	53	15	27	26	4	30	12	33	86	6	18	15	40	103	118
Râs el Tîn	16	16	10	21	62	44	12	16	30	133	38	8	5	50	174	134
Qena	2	11	21	15	3	3	12	16	22	6	2	3	20	35	10	9
Munîra	13	21	3	21	56	15	11	7	24	62	12	13	9	18	65	55
Mohammadiya	11	32	22	15	51	4	9	9	31	62	4	9	20	47	79	53
Gamâliya	4	11	5	12	8	5	10	19	14	17	1	4	5	14	18	24
Abbâs	12	11	8	7	15	28	22	8	34	34	27	22	8	38	81	62
TOTAL	166	454	349	526	476	217	325	278	800	852	194	244	232	1027	1226	1107

TABLE III *b*.—COMPARISON OF SERIOUS STAGES OF TRACHOMA I and II (Beginning of the Year).

CLASS.	Total number of pupils.	Total number of serious stages of Tra- choma I and II.	Per Cent.
First Year	1,971	803	40·7
Second Year	2,472	603	24·4
Third Year... ..	2,923	476	16·3
Fourth Year	2,442	278	11·4

TABLE IV.—VISION OF ALL PUPILS WITHOUT SPECTACLES.

	TOTAL.	GRAND TOTAL.	Per Cent.
Good Vision :—			
(a) Normal vision in each eye 6/6 and 6/6	2,073		
(b) Vision 6/6 and 6/9 or 6/9 and 6/9	2,249	4,322	44·07
Fair Vision :—			
(a) Vision 6/6 and 6/12, 6/9 and 6/12 or 6/12 and 6/12	2,128		
(b) Vision 6/6 and 6/18	208	2,336	23·82
Bad Vision :—			
Fails to attain any of the above standards	3,150	3,150	32·12
TOTAL	9,808	9,808	

TABLE V.—SPECTACLES ORDERED.

	Tanta.	Asyût.	Mansûra.	Beni Suef.	Zagazig.	Damanhûr.	Shibîn el Kôm.	Suhâg.	Minya.	Faiyûm.	Gîza.	Benha.	Moharram Bey.	Abbâssiya.	Mohammad Aly.	Ras el Tîn.	Qena.	Munira.	Mohamma- diya.	Gamâliya.	Abbâs.	TOTAL.
Number of pupils now atten- ding obtained spectacles in previous years	18	18	21	24	38	22	8	21	15	19	18	28	5	14	18	30	15	9	7	1	10	359
Number of pupils now atten- ding obtained spectacles in this year	18	12	—	—	13	3	2	13	2	2	3	19	—	6	4	18	—	4	9	5	18	151
Number of pupils now atten- ding ordered spectacles but not yet obtained	16	—	7	10	—	—	—	6	—	3	—	—	2	—	—	—	10	—	—	—	—	54
TOTAL	52	30	28	34	51	25	10	40	17	24	21	47	7	20	22	48	25	13	16	6	28	564
Spectacles on order or under repair	21	3	7	10	—	—	—	6	—	3	—	—	2	—	—	1	10	—	—	—	—	63
Number of pupi's wearing spectacles on date of general inspection	30	11	17	21	40	25	10	25	17	21	16	44	5	20	22	47	15	13	15	6	9	429
Net number not wearing spec- tacles which were previous- ly ordered	1	16	4	3	11	—	—	9	—	—	5	3	—	—	—	—	—	—	1	—	19	72

TABLE VI.—NUMBER OF PUPILS ORDERED SPECTACLES WHO BY USE OF SPECTACLES NOT
GREATER IN STRENGTH THAN ± 6 D. CAN GET GOOD OR FAIR VISION.

	TOTAL.	GRAND TOTAL.	Per Cent.*
Good Vision :—			
(a) Normal vision in each eye 6/6 and 6/6	26		
(b) Vision 6/6 and 6/9, or 6/9 and 6/9	97	123	21·8
Fair Vision :—			
(a) Vision 6/6 and 6/12, or 6/9 and 6/12 or 6/12 and 6/12... ..	140		
(b) Vision 6/6 and 6/18... ..	19	159	28·2

* The percentage is taken in relation to the number of all pupils ordered spectacles (*i.e.* 564). See Table V.

TABLE VII.—CONDITION OF CORNEA BEFORE TREATMENT.

SCHOOL.	Both Corneae clear.	One Cornea clear the Other showing Opacity.	Opacity of both Corneae.
Tanta	653	75	21
Asyût	503	18	12
Mansûra	586	52	16
Beni Suef	533	28	7
Zagazîg	528	50	24
Damanhûr	342	21	2
Shibîn el Kôm	158	17	17
Suhâg	271	40	20
Minya	284	31	22
Faiyûm	293	34	19
Gîza	298	20	18
Benha	339	42	22
Moharram Bey	330	9	3
Abbasîya	577	18	7
Mohammad Aly	637	24	14
Râs el Tin... ..	829	22	7
Qena	200	26	18
Munîra	414	17	9
Mohammadîya	476	31	6
Gamâlîya	200	13	3
Abbâs	477	23	2
TOTAL	8,928	611	269
Per cent	91·03	6·23	2·74

TABLE VIII.—COMPARISON OF CORNEAL OPACITY AMONG PUPILS OF
TANTA PRIMARY SCHOOL IN THE YEARS 1914-1915 AND 1926-1927.

YEAR.	Both Corneae clear.	One Cornea clear, the other showing Opacity	Opacity of both Corneae.
1914-1915	173	54	33
1926-1927	653	75	21

Inspectorate of Pharmacies.

INTRODUCTION.

AMENDMENTS IN THE DECREE-LAW OF STUPEFACIENT DRUGS.

In the last year's report it was mentioned that certain amendments in the Decree-Law of March 21, 1925, regulating the trade of narcotic drugs and their use, have been drafted and submitted to the Legislative Consultative Committee for their consideration before the issue of the necessary law.

The Department, however, having noticed that the Parliament passed the said Decree-Law to the Parliamentary Health Committee for consideration, has submitted these amendments to that Committee, which approved of and embodied them in its report to the Council.

The Council approved the project of the law except the articles concerning the penalties as they were passed to the Committee of Justice and till now they are under its consideration.

PROJECT OF THE LAW ON THE EXERCISE OF PHARMACY AND TRADE OF POISONS.

The project of this law is still under the consideration of the Legislative Committee.

IMPORTATION OF NARCOTICS AND THEIR WITHDRAWAL FROM CUSTOMS.

The quantities of stupefacient drugs imported this year have been less than those imported in the previous years. The table No. 2 shows the quantities imported during this year according to 358 licences of importation and 385 licences of withdrawal from customs.

EXPORTATION OF NARCOTICS.

Thirteen licences of exportation were delivered this year for exporting stupefacient drugs abroad. The quantities of the exported drugs are shown in table No. 1.

WITHDRAWAL OF POISONOUS DRUGS.

During the year the Department granted 307 licences to medical practitioners, directors of hospitals, different firms and certain persons to withdraw from customs poisonous substances for the use of the clinics of the medical practitioners, hospitals, different industries or for personal use.

WITHDRAWAL OF CHLORATE OF POTASH.

The Public Security Department, having obtained the opinion of the Department in accordance with the agreement mentioned in last year's report, allowed certain pharmacies and drug-stores to withdraw from customs 4,305 kilos. of Chlorate of Potash for medicinal and industrial purposes.

The Public Security has also allowed the pharmacies and drug-stores to clear from customs the following quantities of Absinth :

Absinth Powder.	Herbs.	Extract of Absinth.	Absinthine.
Grammes.	Grammes.	Grammes.	Grammes.
1,000	2,000	250	5

PERMIT-CARDS FOR DOCTORS, ETC.

According to Article 22 of the Decree Law of March 21, 1925, the Department granted to doctors, veterinaries, dentists and directors of hospitals 3,519 permit-cards for purchasing stupefacient drugs for the use of their clinics and hospitals.

SECOND OPIUM CONFERENCE.

The Council of Ministers approved in its meeting of January 21, 1926, that Egypt should take part in the Second Opium Conference assembled at Genève and in signing

the convention made by the Conference according to which no stupefacient drugs are allowed to be imported or exported without a special licence from the Competent Authority. The Department will take the necessary steps to put this convention in force.

PHARMACIES BELONGING TO INDIVIDUALS.

49 pharmacies were opened during the year, 19 in Cairo, 7 in Alexandria and 23 in the Provinces.

Among those 49 pharmacies, 20 belong to qualified pharmacists (1 foreigner and 19 local subjects) and 29 pharmacies the owners of which are non-pharmacists (7 foreigners and 22 local subjects).

34 pharmacies were closed on the request of their owners, 15 of which were in Cairo, 3 in Alexandria and 16 in the provinces.

The distribution of the 34 pharmacies are as follows :—

20 belonging to qualified pharmacists (4 foreigners and 16 local subjects) and 14 pharmacies owned by non-pharmacists (1 foreigner and 13 local subjects). The number of pharmacies in Egypt up to the end of the year was 450, *i.e.* with an increase of 15 more than 1925.

27 warnings were sent to the proprietors and managers of pharmacies drawing their attention to the cleaning of their pharmacies and for some cases of non-compliance to the Law of Narcotics.

CONTRAVENTIONS, ETC.

51 procès-verbaux were drawn up against the proprietors and managers of pharmacies for contraventions against the Law of 1904; also 11 procès-verbaux of délits were drawn up for contraventions against the Stupefacients Law. Table No. 3 shows the number of pharmacies in Egypt and all the alternations that took place, as well as the number of inspections carried out during the year; and the number of procès-verbaux of contraventions and délits drawn up for contravening the laws now in force.

PERMITS CANCELLED IN THE YEAR 1926.

										Stupefacient substances.			Poisonous substances.						Total.		
										Number of permits.	Local subjects.	Foreigners.	Table I.			Table II.					
													Num. of per.	Local subj.	For.	Num. of per.	Local subj.	For.			
Cairo	...	...	...	...	...	...	...	...	...	8	4	4	3	1	2	3	3	—	14
Alexandria	...	...	...	...	...	...	...	...	...	—	—	—	3	3	—	4	—	4	7
Provinces	...	...	...	...	...	...	...	...	...	2	2	—	6	5	1	7	2	5	15
GRAND TOTAL										10	6	4	12	9	3	14	5	9	36

THE STUPEFACIENT AND POISONOUS SUBSTANCES.

PERMITS.

The following table shows the number of permits for dealing in stupefacient and poisonous substances in 1926, in comparison with 1925 :—

	CAIRO.	ALEXANDRIA.	PROVINCES.	TOTAL.
Number of permits at the end of 1925	111	80	32	223
Cancelled in 1926	14	7	15	36
Remaining	97	73	17	187
Authorised in 1926	30	16	22	68
Total number of permits at the end of 1926	127	89	39	255

The following is the classification of the above-mentioned number of Permits :—

	Stupefacient substances.			Poisonous substances.						Total.		
	Number of permits.	Local.	Foreigner.	Table I.			Table II.			Number of per.	Local.	Foreigner.
				Num. of per.	Local.	For.	Num. of per.	Local.	For.			
Cairo	33	13	20	65	29	36	29	14	15	127	56	71
Alexandria	25	9	16	44	16	28	20	6	14	89	31	58
Provinces	8	—	8	20	8	12	11	4	7	39	12	27
TOTAL	66	22	44	129	53	76	60	24	36	255	99	156

REMARKS ON THE PERMITS.

The Department decided that no permits for dealing in poisonous substances should be given to persons in the bandars (towns) of Districts because these permits are given for selling poisonous substances to pharmacies, authorised drug stores, and medical practitioners ; the number of pharmacies and drug stores in these localities being few.

POISONOUS PLANTS.

During the year 1926 the Department granted 1 permit for the purchase locally and export of henbane and 2 authorisations for purchasing poisonous plants, *i.e.* henbane, colocynth and datura.

The following table shows the number of persons authorised to deal in poisonous plants :—

Name of plants.	Number of persons up to end of December 1925.	Number of persons up to end of December 1926.
Henbane for exportation	40	41
Colocynth for exportation	16	16
Datura for exportation	14	14
Belladonna for exportation	2	2
Conium	2	2
Henbane, colocynth and datura	1	3
	75	78

The quantity of henbane exported this year was about 208,506 kilogrammes and that of colocynth was about 823 kilogrammes.

OPIUM.

It was mentioned in last year's report that the Department raised a note to the Ministry of Agriculture requesting that either the cultivation of poppy in Egypt is totally prohibited, as has happened in 1918, or the produce of opium and its export is monopolised by the Ministry of Agriculture to the account of the cultivators according to a law to be enacted for this purpose as the case is in India. A Decree-law was consequently issued preventing the cultivation of poppy in Egypt with effect from May 21, 1926 (date of publishing this Decree-law in the Official Journal).

In order to know the quantity of the produce of opium of 1926 and that remaining from the previous years, lest it should reach the hands of the public by illegal ways, a committee, composed of representatives of the Ministry of Finance, the Ministry of Agriculture and the Public Health Department, was held.

After examining carefully this subject and discussing it from every point of view the committee found that the only way which might be followed is that the Government should buy the opium from the cultivators and sell it abroad.

The Department has communicated with the Ministry of Finance for its opinion as to this proposal and the loss which it will cause to the public treasury, *i.e.*, result between the price of purchase and that of sale. This subject is still under the consideration of that Ministry.

The lists submitted by the provinces show that the quantity of opium in possession of the cultivators amount to lb. 5,000.

The number of persons authorised to deal in opium for exportation was 27 till the end of December 1925 ; no permits were granted during this year but 4 permits were cancelled, 3 of which because their owners gave up their trade in this substance and the fourth for the death of its owner. The number of those authorised to deal in opium up to the end of December 1926 has, therefore, been reduced to 23 persons.

24 new permits were given to the cultivators of poppy authorising them to possess, store, transport and sell the opium produced from their lands, during the year 3 permits were cancelled, two on the demand of their owners and the third for the death of its owner.

The number of authorised cultivators up to the end of December 1926 can, thus, be classified as follows :—

Authorised till the year 1925 : 43 persons.

Cancelled during the year 1926 : 3 permits.

Remaining : 40 permits.

Permits given in the year 1926 : 24 permits.

Total till the year 1926 : 64 permits.

TRANSPORT OF OPIUM.

The Department noticed that the way adopted in the transport of opium by railway within the country does not enable of controlling its consumption according to regulations. It was also observed that many persons who are not authorised to deal in this substance transport different quantities of opium and sell them without notifying this Department with the names of the purchasers. The Department has therefore come to an agreement with the Egyptian State Railways Department to use special permits for expedition and withdrawal of opium so that no quantity could be transported from any station without submitting the permit of exportation fixing the quantity to be exported, also no quantity of opium can be delivered by the station of arrival unless the owner of the consignment forwards the licence of withdrawal.

According to the above method no quantity of opium could be transported or withdrawn from railway stations without the Department taking knowledge of its owner and amount, thus exercising practical control over the disposal of this substance, the previous regime has been greatly injurious to public health and corruptive to public character as well as to public security. This new procedure has been followed from October 11, 1926.

EGYPTIAN MEDICINAL SPECIALITIES.

The registration of Egyptian Medicinal Specialities has much increased during this year as the number of the registered specialities amounted to 142 while it was 27 only in the previous year. This is, undoubtedly, the result of the strict control exercised by the Department.

The Department has noticed that many specialities, which are prepared in foreign countries according to the instructions of certain persons, and used as aphrodisiac, are found in markets. The Department applied art. 3 of Customs Regulations in such cases, *i.e.* samples of these should be analysed before authorising their entry into Egypt and the importers are made to sign engagements to the effect that these drugs are sold to public according to prescriptions only.

PHARMACIES FOR NIGHT SERVICE.

The Department has referred in its report of the last year to the scheme of opening some pharmacies in Cairo for night service in order to supply the required medicines in cases of emergency and sudden diseases that occur at night against monthly allocation of L.E. 12 paid by the Government to the owner of each pharmacy. This scheme was executed this year. Five pharmacies were opened, on trial, for night service, from May 14, 1926, in the following districts :—

Heliopolis, Daher, Shûbra, Mohamed Ali Street and Ataba el Khadra.

The Ministry of Finance has agreed that the allocations given to the owners of these pharmacies should be taken from taxes on bettings on condition that the sum spent in this connection in the year 1926–1927 should not exceed L.E. 720.

It is worthy of mention that this important arrangement has filled a great gap from which the city was much suffering and got the expected benefit owing to the many accidents that take place at night and need first aid.

The following table shows the number of prescriptions prepared at night at each of the five pharmacies from May 14, 1926, till the end of December 1926 :—

Pharmacies.	Prescriptions.
Taufikia, Mohamed Ali Street, Cairo	185
Mani, Daher	448
Hadad, Shubra	308
Oasis, Heliopolis	293
Mohamed Ibrahim, Abdel Aziz Street, Cairo	507
TOTAL	1,741

The specialities and prepared medicines sold without prescriptions for first aid purposes are not included in the above-mentioned table.

STUDENT-PHARMACISTS.

The following table shows the number of the student-pharmacists graduated at the School of Medicine, Qasr el Aini, as well as the students of Foreign Colleges, who were allowed to pass the statutory period of training in the pharmacies :—

Students of Qasr El Aini.	Students of Foreign Colleges.
29	19

APPRENTICE ASSISTANT-PHARMACISTS UNDER TRAINING.

The number of apprentice assistant-pharmacists who served their training until the end of December 1926 was 40 persons.

The following table shows the number of apprentices struck off for reasons mentioned below ; and also those who succeeded in the final examination held for assistant-pharmacists :—

No. of applicants struck off passing more than the statutory period of 5 years without succeeding in the examination for admittance to the school of asst. pharmacists	9
No. of applications struck off for passing more than 2 years without training	6
No. of applicants struck off for their death	1
No. of applicants succeeding in the final examination of assistant-pharmacists	38 in June, & 9 in October.

PHARMACIES ATTACHED TO PUBLIC HEALTH OFFICES.

The number of Health Office pharmacies up to the end of December 1926 was 78 of which 44 are large and 34 are small. The Department has added medicines to 15 small, pharmacies in order to satisfy the necessities of the public. Medicines will be added to the remaining small pharmacies in order that all the Government pharmacies become of one kind.

In the 1926-1927 budget provision was made for opening eleven new pharmacies in the headquarters of the following second sections of Districts, which were opened recently :—

District.	Headquarters.
Desouk Section II	Abou Mandour.
Facous Section II	Geziret Elewa.
Chebin el Kanater Section II ...	El Khanka.
Toukh Section II	El Ammar
Dekernis Section II	El Kordi
Manfalout Section II	El Kousia.
Maghagha Section II	El Edwa,
Faiyûm Section II	Abshwai.
Itsa Section II	El Nazla.
Deshna Section II	El Wakf.
Luxor Section II	Waborat Armant.

Three pharmacies were actually opened at Waborat Armant, El Khanka and El Ammar. The first pharmacy was opened on April 3, 1926, and the other two pharmacies were opened on the 13th. The rest eight pharmacies will be opened as soon as the places in which they will be established are hired.

TABLE No. 1.

The following table shows the quantities of stupefacient drugs exported from Egypt in 1926:—

Morphine.	Eucodal.	Opium.	Fluid Extract of opium.	Dover Powder.	Cocaine tablets.	Cocaine.	Procaine.
grms.	grms.	grms.	grms.	grms.	grms.	grms.	grms.
50	10	192,902	770	200	66	30	14

TABLE No. 2.

The following table shows the quantities of stupefacient drugs imported in 1926:—

MORPHINE AND ITS SALTS.					CODEINE.		
Chlor.	Sulf.	Tartrate.	Amps. 0.01.	Amps. 0.02.	Pure.	Phosph.	Chlor.
grms.	grms.	grms.			grms.	grm.	grms.
1,100	1	156	49,966	38,830	7,696	4,683	1,300

O P I U M.							DIONINE.
Raw.	Powder.	Tincture.	EXTRACT.				Pure.
			Fluid.	Dry.	Watery.	Mou.	
grms.	grms.	grms.	grms.	grms.	grms.	grms.	grms.
1,000	27,242	2,262	1,000	585	2,000	3,080	2,012

HEROINE AND ITS SALTS.			C O C A.				
Chlor.	Ampoules 0.01.	Ampoules 0.02.	Leave.	Tincture.	EXTRACT.		
					Fluid.	Mou.	
grms.			grms.	grms.	grms.	grms.	
1,108	390	420	13,100	10,000	213,000	5,200	

COCAINE, ITS SALTS AND ITS DERIVATIVES.				NOVOCAINE.		
Chlor.	Powder.	Ampoules 0.01.	Amponles 0.02.	Salt.	Ampoules.	Tablets.
grms.	grms.			grms.		
7,832	500	1,588	300	1,642	9,264	1500

EUCODAL.			PAPAVERINE.		CANNABIS INDICA.		
Salt.	Ampoules.	Tablets.	Salt.	Tablets.	Leaves.	EXTRAIT.	
						Fluid.	Mon.
grms.			grms.		grms.	grms.	grms.
2,270	95,490	52,160	110	2,000	100	260	200

DIFFERENT TABLETS.

Damiana.	Dicodid.	Kerocaine.	Benzoic Acid.	Dover Tablets.
24,800	800	60	3,900	13,036

DIFFERENT AMPOULES.

Sedol.	Scurocaine.	Eudraline.	Winter.	Synecaine.	Anestocaine.	Codrenine.
37,848	20,970	1,000	61,570	7,195	5,500	72

Hypnine.	Alocaine.	Procaine.	Dentoine.	Frenix.	Dicodid.	Tutocaine.
1,000	12,000	4,032	20,600	300	50	5,500

DIFFERENT STUPEFACIENT DRUGS.

Chlorodyne.	Laudanum.	Glykeron.	Elixir Damiana.	Codrenine.	Sirop Cocilana.
grms.	grms.	grms.	grms.	grms.	grms.
39,560	33,100	20,440	8,640	5,040	11,040

Sirop Bousquet.	Nepenthe.	Holocaine.	Elixir Parégorique.	Sincaine Powder.
flasks.	grms.	grms.	grms.	grms.
3,783	1,830	150	1,000	57

Dover Powder.	Indian Cigarettes.
grms.	small boxes.
2,000	84

TABLE NO. 4. --SHOWING NUMBER AND RESULTS OF THE PROCÈS-VERBAUX OF CONTRAVENTIONS AND DELITS DRAWN UP DURING 1926.

Number of suits.		Number of sentences pronounced in these cases in 1926.		Number of cases pending trial.		NON CONVICTION.			
						Filed.		Acquittal.	
Delits.	Contravent.	Delits.	Contravent.	Delits.	Contravent.	Delits.	Contraventions.	Delits.	Contraventions.
36	187	5	48	28	127	—	6	3	6

Details of the cases of contravention :—

- No. of Cases.
- 81 Against persons for illegal trade of poisons.
 3 Against persons for opening pharmacies without permit.
 45 Against persons for illegal practice of pharmacy
 49 Against pharmacists for contravening the laws issued in 1904 and 1925.
 2 Against poison dealers for contravening the laws issued in 1904 and 1925
 7 Against aid-pharmacists for contravening the law issued in 1904.

187 TOTAL.

Details of the Delits :—

- No. of Cases.
- 9 Against pharmacists for finding narcotics in excess to or in deficiency of those shown in ledgers.
 12 Against persons for illegal trade of narcotics.
 10 Against persons for contraband of narcotics.
 3 Against persons for forge of medicinal prescriptions ordering narcotics.
 2 Against unqualified pharmacists for issue of medicine containing narcotics in accordance with medicinal prescriptions

36 TOTAL

REMARKS :—In addition to the above, 126 cases of contraventions pending from previous years and 32 delits raised in the last year have been dealt with in 1926.

TABLE NO. 5.

Detail of the sentences issued in the cases of delits during the year 1926 :—

- No. of sentences.
- 1 Imprisonment and fine.
 3 Imprisonment and confiscation.
 1 Fine and confiscation.
 5 TOTAL.

Details of the sentences issued in the cases of contravention during the year 1926 :—

- No. of sentences.
- 29 Fine only.
 9 Fine and closure.
 8 Fine and confiscation.
 1 Fine, closure and confiscation.
 1 Imprisonment for a week.
 48 TOTAL.

TABLE NO. 6.—LIST OF CONVICTIONS PRONOUNCED IN CASES OF NARCOTICS DEALT WITH DURING 1926.

Number of cases.	Number of accused persons	SENTENCES.				
		Fine.	Imprisonment.	Corporal punishment.	Handing over to parents.	Reformatory.
11,268	12,599	976	11,530	74	9	10

TABLE No. 7.—SHOWING THE NARCOTIC DRUGS SEIZED BY COASTGUARDS
AND CUSTOMS ADMINISTRATIONS DURING THE YEAR 1926.

HASHISH.		MANZUL.		OPIUM.		COCAINE.		MORPHINE.		HEROINE.	
Kilo.	Gr.	Kilo.	Gr.	Kilo.	Gr.	Kilo.	Gr.	Kilo.	Gr.	Kilo.	Gr.
7,730	000	5	000	140	000	26	000	12	000	13	000

TABLE No. 8.

Return showing number of the samples of medicines, etc., received by the Inspectorate of Pharmacies for analysis during 1926 :—

No.

243 Samples of sodium sulphate and magnesium of which :—

192 samples found fit for use, and

51 samples found unfit.

4 Samples of tartar emetic and tetrachloride of carbon of which :—

3 samples found fit for use, and

1 sample found unfit.

155 Samples of medicines, specialities, etc., suspected of their purity of which:—

53 samples found pure,

31 samples found impure,

50 samples found negative, and

21 samples found positive.

20 Narcotic or poisonous drugs purchased by the Department from establishments which deal illegally in these drugs.

422 TOTAL.

==

Central Medical Commission.

During the year 1926, the Central Medical Commission issued 12,211 medical certificates, an increase of 981 as compared with the figures for 1925. Out of this total, 4,036 employees were examined for sick leave of which number 235 applications or 5·8 per cent were not granted. The number of applicants for retirement from the service on grounds of physical unfitness was 2,062 of these 146 or 7 per cent were found fit for further service.

The above figures are set out in detail in Tables Nos. 1, 1 *bis* and 3.

The number of applicants examined for admission to the service or proceeding to missions abroad was 5,121, of which 2,823 were *cadré* and temporary officials, 297 candidates for missions abroad and the rest 2,001 were *hors cadre* employees (*see* Table No. 1 *bis*).

The Central Medical Commission having noticed that there was a large number of failures of candidates for missions abroad on the first examination, made a suggestion in their interest, which was approved by the Ministry of Finance on March 1926, that these candidates be examined four sessions on the same footing as candidates for Government Service. Government employees sent on missions abroad will be treated similarly. By Finance Circular No. 13, issued on March 6, 1926, it was also decided to exempt from the medical examination on entry to the Government Service, candidates returning from missions abroad, taking into consideration the previous examination carried out on their selection as members of missions under certain conditions laid down in the above circular.

Out of the number of *cadré* and temporary officials, 200 or 7 per cent failed, 1,119 or 39 per cent rejected in the first and second sessions or in the first session only, and out of the number of candidates for missions abroad 43 or 14 per cent failed, 74 or 25 per cent rejected in the first and second sessions or in the first session only (*see* Table No. 2).

Out of the number of *cadré* and temporary candidates for entry into Government Service, 25·6 per cent failed in vision and 13 per cent rejected or found unfit on account of defects in the urinary system and 6·5 per cent in the blood circulatory system. Out of the number of *Hors Cadre* candidates, 43 per cent failed in vision and 5 per cent found unfit on account of defects in the urinary system and 3 per cent in the blood circulatory system.

The number of medical certificates issued by the Central Medical Commission during the last five years was as follows :—

1922	...	...	...	...	...	...	...	...	11,190
1923	...	...	...	...	...	...	...	...	10,893
1924	...	...	...	...	...	...	...	...	9,765
1925	...	...	...	...	...	...	...	...	11,230
1926	...	...	...	...	...	...	...	...	12,211

PROVINCIAL MEDICAL COMMISSIONS.

14,002 medical certificates were issued by the Provincial Medical Boards during 1926, an increase of 391 certificates as compared with those of 1925 (*see* Table No. 4).

NIZAMI GHAFIRS.

The number of Nizami Ghaffirs who were examined by the Medical Officers of Markazes on admission to service and for extension of their voluntary period of service was as follows :—

	Fit.	Unfit.	Total.
For admission to service	11,585	6,666	18,251
For extension of service... ..	16	12	28
TOTAL	11,601	6,678	18,279

TABLE NO. I.—ANNUAL RETURN OF MEDICAL EXAMINATIONS MADE BY THE MEDICAL COMMISSION OF CAIRO, DURING THE YEAR 1926.

MONTHS.	OBJECT OF MEDICAL EXAMINATION.								CAUSES OF REJECTION OF CANDIDATES APPLYING FOR ENTRY TO SERVICE.							
	NUMBER OF CASES.							TOTAL.	DISEASES OF							TOTAL.
	For Admission to Service.	For Sick Leave.		For Invaliding from Service.		For Determination of Age.	Other Examinations.		Defective Vision.	Urinary System.	Respiratory System.	Circulatory System.	Nervous System.	Digestive System.	Other Miscellaneous Diseases.	
		Granted.	Refused.	Unfit.	Fit.											
January ...	278	306	8	164	24	13	32	825	77	21	—	19	—	—	5	122
February ...	379	294	8	148	21	316	68	1,234	96	37	—	4	—	—	3	140
March... ..	358	290	8	166	8	35	45	910	102	35	—	13	—	—	5	155
April	272	249	12	99	8	131	39	810	100	12	—	6	—	—	3	121
May	254	281	9	159	9	95	33	840	89	26	—	8	—	—	5	128
June	249	261	22	142	10	16	19	719	98	17	—	7	—	—	3	125
July	573	298	20	186	10	4	19	1,110	198	53	—	16	—	—	10	277
August	530	347	24	182	9	25	57	1,174	152	76	—	44	—	—	4	276
September ...	725	337	44	178	12	21	87	1,404	271	77	1	89	—	—	12	450
October	449	367	38	144	10	9	46	1,063	149	49	—	24	—	—	7	229
November ...	436	431	23	184	16	37	50	1,177	154	38	—	13	—	—	4	209
December ...	321	340	19	164	9	63	29	945	100	28	1	10	—	—	8	147
TOTAL	4,824	3,801	235	1,916	146	765	524	12,211	1,586	469	2	253	—	—	69	2,379

TABLE No. 1 (bis).—ANNUAL RETURN OF MEDICAL EXAMINATIONS MADE BY THE MEDICAL COMMISSION OF CAIRO DURING THE YEAR 1926.

OBJECT OF MEDICAL EXAMINATION.										CAUSES OF REJECTION OF CANDIDATES APPLYING FOR ENTRY TO SERVICE.																					
NUMBER OF CASES.										DISEASES OF																					
MONTHS.	For admission to Service.			Candidates for Missions.			For Sick Leave.	For Invaliding.	For det. of age.	Other Exams.	TOTAL.	Defective Vision.		Urinary System.		Respiratory System.		Circulatory System.		Nervous System.		Digestive System.		Other Miscellaneous Diseases.		TOTAL.					
	Perm. and Temp.		H.C.	Fit.	Unfit.	Refected in 1st Session or in 1st and 2nd Session.						Fit.	Unfit.	Perm. and temporary.	H.C.	Perm. and temporary.	H.C.	Perm. and temporary.	H.C.	Perm. and temporary.	H.C.	Perm. and temporary.	H.C.	Perm. and temporary.	H.C.	Perm. and temporary.	H.C.	Perm. and temporary.	H.C.	Perm. and temporary.	H.C.
	Fit.	Unfit.																													
January ...	113	10	61	43	51	6	5	188	13	21	825	32	45	21	—	—	—	17	2	—	—	—	—	—	1	4	71	51			
February ...	121	7	68	118	65	23	25	169	316	20	1,234	45	51	25	12	—	—	3	1	—	—	—	—	—	2	1	75	65			
March ...	86	10	52	117	93	18	4	174	35	22	910	39	63	16	19	—	—	6	7	—	—	—	—	—	1	4	62	93			
April ...	81	3	40	70	78	13	—	107	131	22	810	28	72	10	2	—	—	4	2	—	—	—	—	—	1	2	43	78			
May ...	59	12	51	67	65	20	—	168	95	7	840	36	53	17	9	—	—	7	1	—	—	—	—	—	3	2	63	65			
June ...	42	2	37	82	86	5	—	152	16	14	719	18	80	13	4	—	—	7	—	—	—	—	—	—	1	2	39	86			
July ...	178	4	124	118	149	6	—	196	4	10	1,110	60	138	50	3	—	—	12	4	—	—	—	—	—	6	4	128	149			
August ...	182	26	153	72	97	29	2	191	25	17	1,174	87	65	57	19	—	—	31	13	—	—	—	—	—	4	—	179	97			
September ...	160	50	194	115	206	33	1	190	21	23	1,404	127	144	50	27	1	—	55	34	—	—	—	—	11	1	244	206				
October ...	169	31	134	51	64	16	3	154	9	17	1,063	94	55	47	2	—	—	20	4	—	—	—	—	4	3	165	64				
November ...	183	21	128	44	60	9	2	200	37	31	1,177	99	55	35	3	—	—	12	1	—	—	—	—	3	1	149	60				
December ...	130	24	77	44	46	2	1	173	63	23	945	60	40	26	2	1	—	10	—	—	—	—	—	4	4	101	46				
TOTAL...	1,504	200	1,119	941	1060	180	43	2,062	765	227	12,211	725	861	367	102	2	—	184	69	—	—	—	—	41	28	1,319	1,060				
2,823						2,001						297				5,121															

TABLE NO. 2.—LIST OF MEDICAL EXAMINATIONS MADE BY C.M.C. ON CANDIDATES FOR ADMISSION TO GOVT. SERVICE (PERM. AND TEMP.) AND CANDIDATES GOING ON MISSION, DURING 1926.

PERM. AND TEMP. OFFICIALS.				CANDIDATES GOING ON MISSION.			
Total.	Fit.	Unfit.	Rejected in 1st and 2nd sessions or in 1st session only.	Total.	Fit.	Unfit.	Rejected in 1st and 2nd sessions or in 1st session only.
2,823	1,504	200	1,119	297	180	43	74
Percentage of candidates found definitely unfit 7 %				Percentage of candidates found definitely unfit 14 %			
Percentage of candidates rejected in both 1st and 2nd sessions or in 1st session only 39 %				Percentage of candidates rejected in both 1st and 2nd sessions or in 1st session only 25 %			

TABLE NO. 3.—DETAILS OF THE EXAMINATIONS FOR SICK LEAVE AND INVALIDING CARRIED OUT BY THE CENTRAL MEDICAL COMMISSION DURING 1926.

MONTHS.	SICK LEAVES.					INVALIDING.				
	GRANTED.		REFUSED.		TOTAL	VIDE CERTIFICATE.		BY C.M.C.		TOTAL.
	Vide certificate appd.	by C.M.C.	Vide certificate	by C.M.C.		Appd.	Disappd.	Unfit.	Fit for duty.	
January	201	105	—	8	314	137	—	27	24	188
February	179	115	2	6	302	122	—	26	21	169
March	198	92	3	5	298	140	—	26	8	174
April	150	99	2	10	261	77	1	22	7	107
May	167	114	2	7	290	134	—	25	9	168
June	153	108	7	15	283	117	—	25	10	152
July	178	120	7	13	318	144	—	42	10	196
August	205	142	3	21	371	158	—	24	9	191
September	192	145	6	38	381	150	—	28	12	190
October	186	181	10	28	405	124	—	20	10	154
November	260	171	5	18	454	142	—	42	16	200
December	215	125	3	16	359	106	—	58	9	173
TOTAL	2,284	1,517	50	185	4,036	1,551	1	365	145	2,062

TABLE NO. 4.—ANNUAL RETURN OF MEDICAL EXAMINATIONS MADE BY THE CENTRAL AND PROVINCIAL MEDICAL COMMISSIONS, DURING THE YEAR 1926.

COMMISSIONS.		OBJECT OF MEDICAL EXAMINATION.										CAUSES OF REJECTION OF CANDIDATES APPLYING FOR ENTRY TO SERVICE.						
		NUMBER OF CASES.										DISEASES OF :						
		For Admission to Service.	For Sick Leave.		For Invaliding from Service.		For Determination of Age.	Other Examinations.	TOTAL.	Defective Vision.	Urinary System.	Respiratory System.	Circulatory System.	Nervous System.	Digestive System.	Other Miscellaneous Diseases.	TOTAL.	
			Granted.	Refused.	Unfit.	Fitted for Duty.												
Central Medical Com.	...	4,824	3,801	235	1,916	146	765	524	12,211	1,586	469	2	253	—	69	2,379		
Alexandria	...	801	1,017	41	101	74	151	16	2,201	176	50	28	—	—	23	277		
Suez	...	118	45	8	19	25	50	—	265	47	5	3	1	—	3	59		
Port Said	...	222	86	14	79	35	23	18	477	71	17	1	1	—	3	93		
Damietta	...	41	55	2	14	12	11	1	135	4	1	—	1	—	—	6		
Beheira	...	586	501	35	219	61	30	12	1,444	167	65	—	1	—	1	234		
Gharbiya	...	367	602	28	142	104	87	10	1,340	117	20	2	6	—	3	148		
Minûfiya	...	395	263	32	170	209	34	17	1,120	95	55	1	5	1	6	163		
Daqahliya	...	379	449	22	137	50	16	27	1,080	120	11	—	6	1	—	138		
Sharqiya	...	409	361	22	151	70	20	24	1,037	165	35	—	1	—	7	208		
Qalyûbiya	...	141	161	15	58	19	15	2	431	35	6	—	3	8	—	52		
Gîza	...	120	244	5	57	19	13	4	462	27	2	—	—	—	—	29		
Faiyûm	...	226	237	8	44	14	55	7	591	83	67	—	2	1	2	155		
Penî Suef	...	127	162	4	32	24	17	6	372	43	1	—	1	—	—	45		
Minya	...	288	284	12	65	72	11	22	754	74	6	—	1	—	—	81		
Asyût	...	211	339	15	47	30	11	92	745	79	6	—	12	—	—	97		
Girga	...	187	233	6	38	50	3	108	625	65	6	—	—	3	—	74		
Qena	...	255	244	7	32	35	11	142	726	81	4	1	—	—	—	86		
Aswân	...	74	60	—	19	4	10	29	196	17	5	1	—	—	—	23		
TOTAL	...	9,771	9,144	511	3,340	1,053	1,333	1,061	26,213	3,052	831	39	294	1	120	4,347		

TABLE 5.—ANNUAL RETURN OF MEDICAL EXAMINATIONS MADE BY THE CENTRAL MEDICAL COMMISSION AND THE PROVINCIAL MEDICAL COMMISSIONS, DURING THE YEAR 1926.

MONTHS.	OBJECT OF MEDICAL EXAMINATION.								CAUSES OF REJECTION OF CANDIDATES APPLYING FOR ENTRY TO SERVICE.							
	NUMBER OF CASES.							TOTAL.	DISEASES OF :							TOTAL
	Admission to Service.	For Sick Leave.		For invaliding. from Service.		For Determination of Age.	Other Examinations.		Defective Vision.	Urinary System.	Respiratory System.	Circulatory System.	Nervous System.	Digestive System.	Other Miscellaneous Diseases.	
		Granted.	Refused	Unfit.	Fit.											
January ..	626	726	30	279	81	79	91	1,912	210	45	2	26	1	—	7	291
February ...	722	627	26	262	77	414	114	2,242	191	52	4	7	—	—	8	262
March... ..	575	657	30	292	78	113	78	1,823	167	50	3	14	—	—	8	242
April	557	585	30	180	62	172	80	1,660	184	33	1	9	—	1	4	232
May	477	694	25	275	80	132	84	1,967	236	50	5	17	—	1	9	318
June	460	571	44	237	62	74	49	1,497	155	26	—	9	—	—	7	197
July	965	779	49	312	96	34	43	2,278	330	72	2	18	—	—	15	437
August	1,021	896	45	345	174	75	100	2,656	294	126	4	47	—	—	12	483
September ...	1,393	909	76	299	99	38	119	2,933	452	139	5	93	—	—	20	709
October	1,088	897	66	286	93	37	95	2,562	315	99	7	28	—	7	14	470
November ...	926	974	49	302	87	73	119	2,530	299	85	—	15	—	—	5	404
December ...	761	829	41	271	64	92	89	2,147	217	54	6	11	—	1	11	302
TOTAL	9,771	9,144	511	3,340	1,053	1,533	1,061	26,213	3,052	831	39	294	1	10	120	4,347

TABLE 6.—NIZAMI GHAFIRS EXAMINED DURING THE YEAR 1926 BY DISTRICT MEDICAL OFFICERS.

MONTHS.	For Admission to Service.			For Extension of Voluntary Service.		
	Fit.	Unfit.	Total.	Fit.	Unfit.	Total.
January... ..	860	484	1,344	—	—	—
February	1,047	592	1,639	1	—	1
March	1,602	904	2,506	—	1	1
April	1,250	812	2,062	4	—	4
May	1,076	633	1,709	1	2	3
June	832	483	1,315	—	—	—
July	912	537	1,449	—	—	—
August	707	442	1,149	1	3	4
September ...	671	377	1,048	1	—	1
October	758	363	1,121	—	4	4
November ...	915	487	1,402	7	2	9
December ...	955	552	1,507	1	—	1
TOTAL	11,585	6,666	18,251	16	12	28

Central Stores.

Owing to the progress in the establishment of New Hospitals (General, Ophthalmic, Ankylostoma, etc.) the work of the Central Stores has greatly increased as may be proved by the following figures :—

EXTRA WORK DUE TO INCREASE OF UNITS.

	In 1925.	In 1926.	Increase.
Receipt Vouchers	13,052	15,289	2,237
Issue Vouchers... ..	39,987	49,548	9,561
Correspondence despatched	65,954	71,917	5,963
Correspondence received	41,743	59,917	18,174
Post-parcels received	2,706	3,339	633
Post-parcels despatched	10,189	19,609	9,420

The increase in the Workshops works in 1926 amounted to 11,922 operations.

NEW UNITS.

Two General Hospitals were erected at Mallawi and Bereem.

Enlarging two sections at Alexandria and Qasr el Aini Hospitals.

Two *Dayas* (Midwifery) Schools at Cairo Kitchner Hospital, and Beni-Suef Hospital.

A Children Dispensary at Qena.

Two Ankylostoma Clinics at Mohammadia School, Cairo, and Abbasiya School, Alexandria.

Three Ankylostoma Hospitals at Minya el Kamh (belonging to Sharkiya Provincial Council) and travelling Hospitals Nos. 5 and 6.

An Ankylostoma branch at Alexandria Hospital.

Two Ophthalmic branches at Mallawi and Bereem Hospitals.

Four Ophthalmic Clinics at Monira, Abbas, Gamalia, and Mohammadia Schools.

Six large Pharmacies attached to the Health Offices at Ashmûn II (Shatanouf) ; Beba II (Shantour) ; Beni Mazar II (Matay) ; Abu-Tîg II (Sedfa) ; Baliana II (Khiam) ; and Quos II (Nakada).

Enlarging the fifteen pharmacies attached to the Health Offices at Kom-Hamada, Abu el Matameer, Aga, Dekernes, Manzala, Talkha, Belbeis, Hehia, Salhiya, Ashmûn, Imbaba, Sennoures II, Abu Shûsha, El Derr I, and El Derr II.

Two Laboratories at Luxor and Asyût.

A Fever Hospital at Asyût.

An Out-Patient Clinic for General Diseases at El Derr (in a House-Boat).

CONTRACTS AND ORDERS MADE IN 1926 IN COMPARISON WITH 1925.

	1925-1926	1926	Increase.
Local Orders	1,715	1,468	—
Foreign Orders... ..	329	283	—
Contracts	223	279	56

These are in addition to the agreements (which exceeded the contracts in number) made for the supply of drugs, surgical instruments and equipment to meet the demands of the New Establishments.

The decrease in the number of orders was due to the fact that the Central Stores tried to purchase the articles by means of General Adjudications instead of competitive offers, thus a decrease in price followed.

The total amount of the credits granted in 1926–1927 was L.E. 135,806, out of which a considerable amount was economised owing to the decrease in the prices of articles. The great part of that economy was used in the purchase of drugs to carry out treatment in the out-patient Departments (which has been made free of charge from the first of October 1925) and in the branches recently established in order to meet the requirements of the growing number of patients.

STORES BUILDINGS.

Owing to the continuous expansion of work and the vast increase of articles, the Stores' Buildings became inadequate to accommodate all the Stores. The Ministry of Finance being approached on the subject, has approved that a credit of L.E. 35,000 be provided in 1927–1928 budget to erect modern buildings for the Stores and Workshops. These buildings will be erected on Government land at Abbasiya. The Department of Public Buildings is active in preparing the plan for erecting these buildings as soon as possible in order that the present Central Stores and the additional stores at Faggala and Boulac may be transferred to them.

Until the new buildings are ready, the Department is trying to hire a temporary store for storing the extra drugs.

“ The following units were established in the beginning of 1927 ”.

A Children Dispensary at Luxor.

Three Ankylostoma Clinics at Mansûra School (opened on January 19, 1927), Tanta School (opened on May 3, 1927) and Shebîn el Kôm School (opened on May 10, 1927).

Ten Ankylostoma Hospitals Nos. 7, 8, 9, 10, 11, 12, 14, 15, Zagazîg and Matarîya.

Eighteen Health Offices at Benha Bandar, Shubra II, Shebîn el Kôm Bandar, Gîza Bandar, Sûhag Bandar, Qena Bandar, Mahalla el Kobra Bandar, Desûk II, Fâqûs III, Shebîn el Kanater II, Tûkh II, Dekernes II, Manfalout II, Maghagha II, Faiyûm II, Etsa II, Dishna II and Luxor II.

Four Out-Patient clinics for venereal diseases at Tanta, Mansûra, Asyût and Qena.

Three Child Welfare Centres at Boulac (opened on February 12, 1927) Old Cairo (opened on January 23, 1927) and Darb el Ahmer (opened on April 21, 1927).

Two Laboratories at Abbasiya Fever and Alexandria Hospitals.

Three Pharmacies at Armant el Waburât, El Ammar and El Khanka.

Two travelling Ophthalmic Hospitals Nos. 6 and 7.

A General Hospital at Mit Ghamr.

An Ophthalmic Branch at Mit Ghamr Hospital.

Lunacy Division.

Part 1.—Report of the Lunacy Division.

It having been decided to publish the Report from January to January instead of following the Egyptian financial year, it has been found imperative to also give supplementary figures for 9 months, otherwise these figures might be misunderstood and three months be calculated twice.

A reference to statistical table XIV, will show that the total number of insane coming under official observation shows a slight increase and has now reached a total of nearly 2,000 a year. The death-rate is slightly reduced and there is a marked diminution in those suffering from pellagra. General paralysis of the insane has increased to 55, the largest number ever admitted except in the year 1917 when it was 61. This increase is striking in view of the improved methods of diagnosing and treating the cause syphilis, in its early stages, and one would have hoped and expected a decided decrease.

The two Mental Hospitals are now taxed to their utmost limit of accommodation and in fact contain many more patients than should be hygienically allowed and it is self evident that more accommodation should be provided.

Abbâssiya Mental Hospital which contains criminal lunatics, paying patients and women, is an old palace converted into a mental hospital and it is now quite unsuitable to cope with the 600 criminal lunatics there and it can only be repeated what has been advised in former reports that the country is urgently in need of: (1) a separate criminal mental hospital, (2) a mental hospital for Lower Egypt and (3) another for Upper Egypt.

Patients' Clothing.—An encouraging proof that the patients are becoming more content, better cared for and less irritable is brought out by the fact that the destruction of clothing is becoming markedly less as proved by the records of "Kohna" (destroyed clothing). This is in spite of the fact that strong clothing has been very largely superceded by lighter and more comfortable materials. It was realised that the more patients' attire approach to that of the normal, the greater content there will be and incidentally less destruction and more economy.

The reduction of seclusion and the removal of so many doors from the "cells" of the prison-like construction of such a large part of Abbâssiya Mental Hospital has contributed largely to this end and the Hospital is now much quieter both by day and night.

The Medical Staff report Abbâssiya Mental Hospital to be quieter and more orderly and that it conforms now more to a Hospital than its former prison-like condition. Much more liberty is allowed to the patients and most of them realise that they are detained because they are believed to be ill and are not merely prisoners. It is a sad fact that insanity usually precludes the sufferer from realising his illness though they frequently think they were ill but are now recovered.

Accommodation (in Egypt) for some 2,500 is totally inadequate to meet the demands for some 2,000 new cases annually. It must also be realised that these numbers will increase considerably if accommodation and treatment are provided somewhat nearer the homes of the patients.

The continued and increasing number of discharged uncured cases (857) annually for want of room must have a serious deleterious effect on the country's public security and well-being. Some 6,000 uncured cases have been discharged during the last ten years.

The increasing necessity for a separate criminal mental hospital may be judged by the following figures showing the number annually admitted and those in Abbâssiya Hospital:—

CRIMINALS.

Year.	In residence.	Admissions.
1896	—	30
1901	81	67
1907	226	82
1913	406	66
1917	437	103
1918	439	91
1919	428	83
1920	447	122
1921	487	122
1922	528	130
1923	525	144
1924	541	166
1925	574	198
1926	569	158

Accommodation existing.—The number of beds on the establishment remains unchanged. There are 1,503 beds at Abbâssiya and 640 at Khanka Mental Hospital—1,371 being for men and 772 for women, total 2,143 for a total population of over 14,000,000.

Number in residence.—The number of patients in residence on December 31, 1926, is 2,638 which is 495 above the normal establishment.

Number admitted.—The admissions, exclusive of transfers between the Hospitals, reached a total of 1,371 (compare 1,406 in 1925).

Admissions to Local Hospitals.—Besides the above admissions to the two Mental Hospitals, 618 in nine months were admitted to the local hospitals of the Department of Public Health. The total on page 5 shows the movements of cases so admitted.

Total admissions of Insane registered.—By adding the total of column 15 (387) of the following table to the admissions to the Mental Hospitals (1,088), the total number of cases of occurring insanity brought under official cognizance during the 9 months is found to be 1,475 (average 1,967 for 12 months in 1926 and 1,975 in 1925).

Distribution of Mental Hospital admissions.—The distribution of the admissions remains unchanged and is as follows :—

Abbâssiya Mental Hospital admits all female cases, all criminal and paying male cases. Khanka Mental Hospital admits all non-criminal pauper male cases.

Discharges.—1,159 cases were discharged, of whom 185 had recovered, 75 were found to be sane and 4 escaped.

857 were handed over to their relatives while still insane, usually because vacancies were required for new and more acute cases, and 38 were transferred.

Malaria.—Following the drainage of the low lying lands near the Cairo Sewage Works, the epidemic of malaria at Khanka has now ceased.

Name of Hospital.	Number of Cases certified and sent to Mental Hospitals.			Number of Cases discharged as not Insane.			Number of Cases released as Recovered.			Number of Cases released as still Insane but not requiring Hospital Treatment.			Total Cases released without Certification, i.e., Total of Columns 4 to 12.			Total Cases admitted to Hospitals from April 1, 1926 to December 31, 1926.			Total Cases admitted into Hospitals in 1925, i.e. from April 1, 1925 to March 31, 1926.	
	Males.	Fem.	TOTAL.	Males.	Fem.	TOTAL.	Males.	Fem.	TOTAL.	Males.	Fem.	TOTAL.	Males.	Fem.	TOTAL.					
Isna ...	—	—	—	1	—	1	—	—	—	—	10	11	12	13	14	15	16	17	18	—
Sohâg ...	5	3	8	—	—	—	—	—	—	10	—	—	10	—	—	10	15	3	—	37
Damietta ...	1	—	1	—	—	—	—	—	—	—	—	—	2	—	2	2	1	2	3	—
Asyût ...	8	2	10	4	—	4	—	—	—	—	—	—	—	—	4	4	12	2	14	33
Beni Suef...	3	2	5	1	1	2	—	—	—	1	—	—	1	—	2	3	5	3	8	14
Qena...	3	—	3	2	—	2	—	1	16	4	1	5	6	2	8	9	2	2	11	15
Mansûra ...	5	2	7	—	—	—	15	1	—	—	—	—	—	1	16	20	3	3	23	24
Damanhûr ...	9	2	11	11	2	13	—	—	—	11	3	14	22	5	27	31	7	7	38	28
Port Saïd...	13	1	14	8	2	10	—	—	—	5	2	7	13	4	17	26	5	5	31	39
Minya ...	12	1	13	—	—	—	—	—	—	6	1	7	6	1	7	18	2	2	20	24
Shibîn el Kôm ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suez ...	2	1	3	1	2	3	—	—	—	—	—	—	—	2	3	3	3	3	6	9
Faiyûm ...	13	4	17	—	—	—	—	—	—	2	—	2	2	—	2	15	4	4	19	27
Qasr el Aini (Cairo)	24	17	41	—	—	—	—	—	—	73	34	107	73	34	107	97	51	148	209	209
Fever Hospital (Cairo)	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3	4
Tanta ...	6	3	9	15	6	21	—	—	—	3	1	4	18	7	25	24	10	34	16	16
Qalyûb ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Benha ...	3	—	3	1	—	1	—	—	—	—	—	—	—	—	1	4	4	—	4	20
Alexandria ...	62	11	73	15	—	15	1	1	2	92	31	123	108	32	140	170	43	213	156	156
Aswân ...	2	2	4	3	—	3	—	—	—	4	—	4	7	—	7	9	2	2	11	6
Zagazig ...	5	1	6	—	—	—	—	—	—	4	2	6	4	2	6	9	3	3	12	27
TOTAL ...	178	53	231	62	13	75	16	3	19	215	78	293	293	94	387	471	147	618	688	688
Compare in 1925 ...	229	70	299	150	26	176	15	—	15	159	39	198	324	65	389	553	135	688	—	—

Structural Alteration and Additions for 9 months:—

	L.E.	M.
At Abbâssiya Mental Hospital	202	693
At Khanka Mental Hospital	1,607	500
TOTAL	1,810	193

The total amount expended on the structure of Abbâssiya Mental Hospital now amounts to L.E. 185,773, while L.E. 241, 925 have been expended on Khanka Mental Hospital.

Certification and Commitment.—Seventy one admission certificates were incomplete and returned for correction in 9 months.

Government Employees.—Thirty-three Government employees were examined for mental trouble and reported on in 9 months.

Deaths.—The following table shows the death-rate :—

	1926.					Compare in 1925.	
	Number of deaths.	Average number resident.	Percentage of deaths to average number resident.	Total treated.	Percentage of deaths to total treated.	Percentage of deaths to average number resident.	Percentage of deaths to total treated.
Khanka Males only	143	1,000	14·3	1,746	8·2	16·7	7·4
Abbâssiya females... ..	81	885	9·15	1,249	6·48	7·72	5·53
Abbâssiya non-criminal males	16	276	5·79	379	4·22	7·35	5·19
Abbâssiya male criminals	18	520	3·46	681	2·64	3·70	2·80
Abbâssiya total males	34	796	4·27	1,060	3·20	4·96	3·67
Abbâssiya total males and females	115	1,681	6·84	2,309	4·98	6·40	4·65
Both Hospitals total	258	2,681	9·62	4,055	6·4	10·3	6·76

The death-rate at Khanka remains as usual higher than at Abbâssiya. This is accounted for by the class of case admitted, those at Khanka are all pauper cases and a large proportion of them are in very poor physical condition on admission.

Foreign Subjects.—Sixty one foreign subjects are in residence at Abbâssiya Mental Hospital. Payment is made for 52 of these cases.

The total number of foreign subject cases treated during the year amounted to eighty one paying L.E. 2401·100 milliemes in fees.

Receipts for Patients treated at Abbâssiya Mental Hospital.—The amounts received for the treatment of patients are as follows :—

	L.E.	M.
First class patients	1,726	500
Second class patients	2,999	499
Third class (special diet)... ..	3,960	101
Third class (ordinary diet)	142	875
TOTAL	8,828	975
Miscellaneous receipts	307	907
TOTAL	9,136	882

Average per month L.E. 1,015·209 = L.E. 12,182·509 for 12 months.
Of the above amount L.E. 363·320 milliemes were collected by the local authorities.

Cost of maintenance.—The total nine months' cost of the Lunacy Division and its two Mental Hospitals was L.E. 72,081·438 milliemes including the expense of the Lunacy Division Office (L.E. 3,566) and L.E. 1,113·060 milliemes, the expense of Khanka Mental Hospital Farm.

On deducting the two latter items the cost of the two Mental Hospitals is found to be L.E. 67,402·378 milliemes for nine months or monthly average L.E. 7,489·208 milliemes = L.E. 89,870·504 milliemes per annum.

The average number of patients daily resident having been 2,690, the gross cost per inmate for nine months was L.E. 25·056 milliemes or L.E. 33·409 milliemes per annum (compare L.E. 37·443 milliemes in 1925, L.E. 35·719 milliemes in 1924, L.E. 41·558 milliemes in 1923).

On deducting the receipts (*viz.* at Abbâssîya L.E. 9,136·882 milliemes received in payment for maintenance, etc., and at Khanka Mental Hospital L.E. 1,263·915 milliemes for receipts for farm produce, etc.) the net cost is found to have been L.E. 57,001·581 milliemes, *i.e.* L.E. 21·190 milliemes per inmate for nine months or L.E. 28·254 milliemes per annum (compare L.E. 32·375 milliemes in 1925, L.E. 30·695 milliemes in 1924, L.E. 36·253 milliemes in 1923).

TABLE I.—ADMISSIONS, READMISSIONS, DISCHARGES AND DEATHS DURING THE 9 MONTHS OF 1926.

	TOTAL.
In Hospitals on April 1, 1926	2,694
Cases admitted during the 9 months ending 31st December 1926 :—	
First admission	855
Readmissions	233
Transfers	29
Total admissions... ..	1,117
Total cases treated during the 9 months of 1926... ..	3,811
Cases discharged, dead or transferred :—	
Recovered	127
Relieved	644
Not improved	107
Not insane	63
Escapes	2
Died	261
Transferred... ..	29
Total number of cases discharged, dead or transferred	1,173
Remaining in Hospitals on December 31, 1926	2,638
Average daily number resident	2,690
Persons admitted	1,055
Maximum daily number resident	2,761
Minimum daily number resident	2,617

TABLE II.—ADMISSIONS, DISCHARGES, AND DEATHS FOR EACH MONTH.

MONTHS.	ADMISSIONS.				DISCHARGES.				DEATHS.			
	MALES.		FEMALES.	TOTAL.	MALES.		FEMALES.	TOTAL.	MALES.		FEMALES.	TOTAL.
	Khanka.	Abbâssiya.			Khanka.	Abbâssiya.			Khanka.	Abbâssiya.		
April	82	18	28	128	109	18	15	142	10	2	7	19
May... ..	80	24	45	149	40	13	18	71	17	5	6	28
June	75	22	42	139	73	16	36	125	12	1	8	21
July... ..	86	28	43	157	58	28	41	127	7	1	5	13
August	63	17	37	117	76	17	30	123	19	1	6	26
September	61	27	27	115	44	17	17	78	6	3	11	20
October	65	20	29	114	69	15	20	104	15	1	10	26
November	51	26	30	107	44	26	19	89	15	1	6	22
December	46	23	22	91	47	32	34	113	12	6	8	26
Total	609	205	303	1,117	560	182	230	972	113	21	67	201
Average monthly rate (approx.)...	67	23	34	124	62	20	26	108	13	2	7	22

TABLE III.—STATISTICS.

Year.	Normal Accommodation.	Average number resident.	Male Admissions.	Female Admissions.	Total Admissions.	Admissions accused of offences (criminals).	Discharged lunatics (still insane).	Discharged as not insane.	Escapes.	Deaths.	Death-rate on total treated.	Pellagra Admissions.	G.P.I. Admissions.	Cost per annum.	Number of staff.	Seclusion Hours.	Accidents.	Suicides.	Patients sent to Hospitals and released without certification.
1896	370	477	330	95	425	30	220	13	—	81	8·87	8	29	—	—	—	—	—	—
1901	500	475	429	132	561	67	389	12	2	75	7	33	25	—	137	—	21	—	—
1907	640	826	460	153	613	82	294	7	1	79	5·8	89	30	21,858	247	—	14	—	—
1913	1390	1737	637	228	865	66	194	17	—	213	7·57	145	51	39,515	343	97181	16	—	294
1917	1550	2121	761	332	1093	103	537	41	1	369	11·1	231	61	62,038	549	30175	17	—	176
1918	1581	2119	724	384	1108	91	489	32	2	450	13·4	316	40	93,475	570	21607	21	—	203
1919	1581	2096	677	295	972	83	430	26	4	250	8·2	161	43	122,746	582	29467	16	1	179
1920	1581	2155	882	365	1247	122	707	24	1	210	6·2	202	51	153,016	617	16497	11	—	275
1921	1841	2271	933	326	1259	122	529	25	3	227	6·5	225	32	127,260	643	12660	19	—	251
1922	1841	2474	802	309	1111	130	527	24	1	188	5·4	247	27	102,463	683	4942	16	—	243
1923	1841	2524	853	356	1209	144	703	52	—	221	5·9	189	40	98,501	698	2498	14	1	326
1924	2143	2552	1006	396	1402	166	752	42	5	296	7·52	180	38	96,679	689	457	15	—	328
1925	2143	2641	1058	383	1441	198	733	64	5	272	6·76	161	50	104,358	688	369	14	—	389
*1926	2143	2690	814	303	1117	122	751	63	2	201	5·3	99	40	72,081	701	319	10	—	387

* The figures given for 1926 are for 9 months only, April to December inclusive. The other years are for 12 months.

The following tables refer to actual patients admitted and not to the number of cases.

TABLE IV.—OCCUPATIONS OF MALE PATIENTS ADMITTED.

	Khanka.	Abbāssiya.	TOTAL.
Shopkeepers and tradesmen	51	14	65
Artisans	66	21	87
Fellahin	146	39	185
Servants	23	3	26
Porters, labourers, etc.	33	4	37
Students, <i>fiqis</i> , etc.	24	8	32
Soldiers, policemen, ghafirs	15	—	15
Fishermen, sailors	5	2	7
Professional men	14	6	20
Clerks and Government employees	12	9	21
Vagrants... ..	72	—	72
Occupations unknown (convicts 3)	63	28	91
TOTAL	524	134	658

TABLE V.—FORMS OF INSANITY OF PATIENTS ADMITTED.

	MALES.		FEMALES.	TOTAL.
	Khanka.	Abbāssiya.		
Primary dementia	137	39	62	238
Secondary dementia	17	21	32	70
Drug insanity	72	10	7	89
Pellagrous insanity	32	10	50	92
Epileptic insanity... ..	19	1	6	26
Acute confusional insanity... ..	31	2	8	41
Amentia	95	21	13	129
Mania depressive	84	16	117	217
General paralysis... ..	30	6	4	40
Paranoia... ..	5	8	—	13
Insanity from syphilis... ..	2	—	—	2
TOTAL	524	134	299	957

TABLE VI.—RACES AND RELIGIONS OF PATIENTS ADMITTED.

	MALES.		FEMALES.	TOTAL.
	Khanka.	Abbâssiya.		
Mohammedans :—				
Egyptians	454	107	235	796
Sudanese	—	2	4	6
Christians :—				
Egyptians (Copts)	46	14	23	83
Syrians	4	2	2	8
Armenians	2	—	6	8
Greeks	5	3	8	16
British	—	2	2	4
Russians	—	—	1	1
Austrians	—	—	1	1
Italians	—	1	8	9
Maltese	—	2	1	3
Jews	4	1	7	12
Unknown	9	—	1	10
TOTAL	524	134	299	957

TABLE VII.—NATIONALITIES OF PATIENTS ADMITTED SUFFERING FROM GENERAL PARALYSIS.

NATIONALITIES.	MALES.		FEMALES.	TOTAL.	RESIDENCE.	MALES.		FEMALES.	TOTAL.
	Khanka.	Abbâssiya.				Khanka.	Abbâssiya.		
Egyptians	28	4	2	34	Cairo	8	2	2	12
Maltese	—	1	—	1	Alexandria	6	1	1	8
Sudanese	—	—	1	1	Port Said	3	—	—	3
Greeks	1	1	1	3	Suez	—	1	—	1
Armenians	1	—	—	1	Mudiriyas	13	2	1	16
TOTAL	30	6	4	40	TOTAL	30	6	4	40

TABLE VII a.—PELLAGROUS ADMISSIONS.

NAME OF PROVINCE OR TOWN.	MALES.		FEMALES.	TOTAL.
	Khanka.	Abbâssiya.		
Cairo	—	2	2	4
Upper Egypt	7	3	20	30
Lower Egypt	32	5	28	65
TOTAL	39	10	50	99

TABLE VII *b*.—PELLAGROUS ADMISSIONS ACCORDING TO MONTHS.

MONTHS.	MALES.		FEMALES.	TOTAL.
	Khanka.	Abbâssiya.		
April	7	2	4	13
May	10	2	11	23
June	11	—	4	15
July	4	1	10	15
August	2	—	2	4
September	3	—	5	8
October	1	1	2	4
November	1	3	8	12
December	—	1	4	5
TOTAL	39	10	50	99

TABLE VIII.—NUMBER OF PATIENTS ADMITTED FROM EACH DISTRICT.

TOWN OR PROVINCE	MALES.		FEMALES.	TOTAL.	Population (Census 1917).
	Khanka.	Abbâssiya.			
Cairo	139	45	89	273	790,939
Alexandria	53	11	30	94	444,617
Canal	24	1	4	29	91,090
Damietta	3	2	1	6	30,984
Suez	7	2	10	19	30,996
Eastern Desert Province	—	—	—	—	37,040
Western Desert Province	—	—	—	—	5,371
Sinai Province	—	—	—	—	5,430
Gharbiya	54	10	45	109	1,659,313
Beheira	26	3	9	38	885,000
Daqahliya	20	10	9	39	986,643
Minûfiya	30	6	22	58	1,072,636
Sharqiya	24	4	22	50	955,497
Qalyûbiya	24	3	6	33	528,581
Beni Suef	10	5	3	18	452,893
Faîyûm	18	2	10	30	507,617
Gîza	15	7	12	34	524,352
Aswân	3	—	2	5	253,340
Asyût	24	10	9	43	981,197
Girga	15	2	6	23	863,234
Minya	29	5	8	42	763,922
Qena	6	3	2	11	840,317
TOTAL	524	131	299	954	12,711,009
Sudan	—	—	—	—	
Total of ordinary admissions...	524	131	299	954	
Convicts from various prisons	—	3	—	3	
Total patients admitted	524	134	299	957	

TABLE IX.—CAUSES OF INSANITY.

	MALES.		FEMALES.	TOTAL.
	Khanka.	Abbâssiya.		
Congenital defect resulting in idiocy, imbecility and weakmindedness	95	22	11	128
Hereditary defect resulting in :—				
(1) Adolescent insanity	137	2	9	148
(2) Epileptic insanity	19	2	6	27
(3) Mania-depressive insanity	42	55	68	165
Pellagra	32	10	50	92
Toxic agencies :—				
(a) Endogenons :—				
Syphilis	32	7	4	43
Fever	3	—	—	3
(b) Exogenous :—				
Drug insanity	72	9	7	88
Puerperium	—	—	7	7
Old age	17	3	16	36
Moral causes : grief, loss, etc.	9	4	15	28
Causes unknown	42	17	100	159
Impaired health	24	3	6	33
TOTAL	524	134	299	957

TABLE X.—CAUSES OF DEATH.

	MALES.		FEMALES.	TOTAL.
	Khanka.	Abbâssiya.		
Tuberculosis	27	4	4	35
Diarrhœa and dysentery... ..	4	4	9	17
General paralysis	17	5	4	26
Pellagra	3	3	26	32
Diseases of heart and blood vessels	2	2	2	6
Senile decay	2	1	3	6
Diseases of the brain and its meninges	10	—	—	10
Epilepsy	3	—	—	3
Septic blood poisoning	2	—	4	6
Exhaustion from acute brain disease	4	1	6	11
Pulmonary diseases	26	1	4	31
Appendicitis	—	—	1	1
Diseases of the kidney	6	—	3	9
Cirrhosis of the liver	1	—	—	1
Bilharziasis	6	—	—	6
Exophthalmic goitre	—	—	1	1
TOTAL	113	21	67	201

TABLE XI.—LENGTH OF RESIDENCE IN HOSPITAL OF PATIENTS DISCHARGED,
RECOVERED, AND OF THOSE WHO DIED.

Length of Residence.	Recovered.			Died.		
	MALES.		FEMALES.	MALES.		FEMALES.
	Khanka.	Abbāssiya.		Khanka.	Abbāssiya.	
Under one month	2	2	3	21	3	14
From one to three months... ..	10	2	13	13	3	12
„ three to six months	13	5	7	10	—	8
„ six to nine months	13	7	10	10	1	10
„ nine to twelve months	6	5	2	9	3	6
„ one to two years	3	6	5	12	2	—
„ two to three years	—	1	—	12	1	1
„ three to five years	—	7	—	11	1	6
„ five to seven years	—	3	1	7	1	3
Over seven years... ..	—	1	—	8	6	7
TOTAL... ..	47	39	41	113	21	67

The Farm at Khanka continues to pay its way and it should be remembered that a Mental Hospital farm is not and should not be run as a commercial speculation. Its main object is to provide a place where patients can be kept occupied with a view to their mental improvement and possible future discharge in a condition to sustain themselves in their life outside.

TABLE XII.—ADMISSIONS, READMISSIONS, DISCHARGES AND DEATHS FOR THE YEAR 1926.

	TOTAL.
In hospitals on January 1, 1926.	2,646
Cases admitted during the year 1926 :—	
First admission... ..	1,077
Readmissions	294
Transfers	38
Total admissions	1,409
Total cases treated in the year	4,055
Cases discharged, dead or transferred :—	
Recovered	185
Relieved	729
Not improved	128
Not insane	75
Escapes	4
Died	258
Transferred	38
Total number of cases discharged, dead or transferred	1,417
Remaining in hospitals on December 31, 1926... ..	2,638
Average daily number resident	2,681
Persons admitted	1,334
Maximum daily number resident... ..	2,761
Minimum daily number resident	2,596

TABLE XIII.—ADMISSIONS, DISCHARGES, AND DEATHS FOR EACH MONTH.

MONTHS.	Admissions.				Discharges.				Deaths.					
	MALES.		FEMALES.	TOTAL.	MALES.		FEMALES.	TOTAL.	MALES.		FEMALES.	TOTAL.		
	Khanka.	Abbâssiya.			Khanka.	Abbâssiya.			Khanka.	Abbâssiya.				
January	51	23	28	102	30	21	22	73	11	6	8	25		
February	44	19	17	80	27	15	18	60	8	5	3	16		
March	59	18	33	110	19	15	20	54	11	2	3	16		
April	82	18	28	128	109	18	15	142	10	2	7	19		
May	80	24	45	149	40	13	18	71	17	5	6	28		
June	75	22	42	139	73	16	36	125	12	1	8	21		
July	86	28	43	157	58	28	41	127	7	1	5	13		
August	63	17	37	117	76	17	30	123	19	1	6	26		
September	61	27	27	115	44	17	17	78	6	3	11	20		
October	65	20	29	114	69	15	20	104	15	1	10	26		
November... ..	51	26	30	107	44	26	19	89	15	1	6	22		
December	46	23	22	91	47	32	34	113	12	6	8	26		
TOTAL				265	381	1,409	636	233	290	1,159	143	34	81	258
Average monthly rate (approx.) ...				22	32	118	53	19	24	96	12	3	7	22

TABLE XIV.—STATISTICS.

Year.	Normal Accommodation.	Average number resident.	Male Admissions.	Female Admissions.	Total Admissions.	Admissions accused of offences (criminals).	Discharged lunatics (still insane).	Discharged as not insane.	Escapes.	Deaths.	Death-rate on total treated.	Pellagra Admissions.	G.P.I. Admissions.	Cost per annum.	Number of staff.	Seclusion Hours.	Accidents.	Suicides.	Patients sent to Hospital and released without certification.
1896	370	477	330	95	425	30	220	13	—	81	8.87	8	29	—	—	—	—	—	—
1901	500	475	429	132	561	67	389	12	2	75	7	33	25	—	137	—	21	—	—
1907	640	826	460	153	613	82	294	7	1	79	5.8	89	30	21,858	247	—	14	—	—
1913	1390	1737	637	228	865	66	194	17	—	213	7.57	145	51	39,515	313	97,181	16	—	294
1917	1550	2121	761	332	1093	103	537	41	1	369	11.1	231	61	62,038	549	30,175	17	—	176
1918	1581	2119	724	384	1108	91	489	32	2	450	13.4	316	40	93,475	570	21,607	21	—	203
1919	1581	2096	677	295	972	83	430	26	4	250	8.2	161	43	122,746	582	29,467	16	1	179
1920	1581	2155	882	365	1247	122	707	24	1	210	6.2	202	51	153,016	617	16,497	11	—	275
1921	1841	2271	933	326	1259	122	529	25	3	227	6.5	225	32	127,260	643	12,660	19	—	251
1922	1841	2474	802	309	1111	130	527	24	1	188	5.4	247	27	102,463	683	4,942	16	—	243
1923	1841	2524	853	356	1209	144	703	52	—	221	5.9	189	40	98,501	698	2,498	14	1	326
1924	2143	2552	1006	396	1402	166	752	42	5	296	7.52	180	38	96,679	689	457	15	—	328
1925	2143	2641	1058	383	1441	198	733	64	5	272	6.76	161	50	104,358	688	369	14	—	389
1926	2143	2681	1028	381	1409	158	857	75	4	258	6.4	118	55	*96,108	701	362	13	—	516

* Averaged for 12 months.

TABLE XV.—PELLAGROUS ADMISSIONS ACCORDING TO MONTHS.

MONTHS.	MALES.		FEMALES.	TOTAL.
	Khanka.	Abbâssiya.		
January	3	—	3	6
February	3	—	2	5
March	4	1	3	8
April	7	2	4	13
May	10	2	11	23
June	11	—	4	15
July	4	1	10	15
August	2	—	2	4
September	3	—	5	8
October	1	1	2	4
November	1	3	8	12
December	—	1	4	5
TOTAL	49	11	58	118

PART II.—REPORT ON THE ABBÂSSIYA MENTAL HOSPITAL
(For 9 months: April to December 1926.)

Number Admitted.—The total number of cases admitted during the 9 months ending December 31, 1926, was 508 of which number 18 were transferred from Khanka Mental Hospital, 15 on their becoming private patients and 3 on information being received—subsequent to their admission to Khanka Hospital—that they were criminal cases. These figures do not include 53 cases destined for Khanka Hospital temporarily admitted to Abbâssiya Hospital.

Number Resident.—Although the normal establishment of the Hospital is now fixed at 1,503 beds (731 for male patients and 772 for female patients) the actual number of patients in residence is 1,671 (793 males and 878 females).

Discharges.—80 cases were discharged on recovery, 276 cases were discharged still insane to the care of their relatives, 88 died and 11 were transferred to Khanka Hospital on becoming paupers. 39 accused persons were found to be not insane and were sent back for trial. 4 convicts were found to be not insane and were sent back to prison.

Classifications.—The patients in residence are classified as follows :—

	MALES.	FEMALES.	TOTAL.
Non-Criminal :—			
1st Class... ..	12	4	16
2nd Class... ..	37	24	61
3rd Class European... ..	103	42	145
Paupers... ..	123	757	880
Accused :—			
1st Class... ..	3	—	3
2nd Class... ..	4	—	4
3rd Class European... ..	1	—	1
Paupers... ..	480	43	523
Prisoners (Paupers)... ..	30	8	38
TOTAL... ..	793	878	1,671

Thus there are 230 paying patients in residence of whom :—

19 are in the first class (paying 400 mills. each per diem).

65 are in the second class (paying 200 mills. each per diem).

146 are in the third European class (paying 100 mills. each per diem).

Pharmacy.—20,565 prescriptions were dispensed and 465 photographs taken. The milk has been analysed daily.

Maglis el Hasby.—28 reports were sent to the “Maglis el Hasby” as to interdiction of patients.

Voluntary Cases.—16 cases were admitted at their own request.

Uncertified Cases.—15 persons were brought uncertified and referred to the police for certification.

Lectures.—Lectures on Mental Diseases were delivered to the students of Faculty of Medicine by the Director.

A course of lectures on the nursing of the insane was given to the nursing staff by the Assistant-Director,

Criminals and Criminal Lunatics.—7 male convicted prisoners were admitted of whom 4 proved to be sane and were sent back to prison.

113 men and 4 women accused of offences were admitted for examination, 39 men were returned for trial as being not insane.

Accused Lunatics Discharged.—71 accused persons were discharged after treatment, 30 on recovery, 31 being relieved and 10 not improved.

Criminal Lunatics Resident.—The number of criminal lunatics in residence on December 31, 1926, was 518 males and 51 females of whom 30 males and 8 females were convicts, the rest being accused persons.

Seclusion.—Seclusion was employed for a total of 319 hours.

Artificial Feeding.—187 cases were fed artificially on 1,820 occasions.

Hypnotics.—932 doses of hypnotics were administered at night.

Epileptic Fits.—3,163 epileptic fits were recorded during the 9 months.

Illnesses Treated.—2,270 cases of illness were treated in the Infirmarys.

Four patients were sent to Kasr el Ainy Hospital for treatment, one died and the others recovered and were returned here.

Two patients were sent to the Government Fever Hospital, Abbâssîya, one for Measles and the other for Typhoid. Both recovered and were returned here.

All staff and patients were vaccinated against small Pox.

Escapes.—Several attempts were made to escape : 6 actually succeeded in getting away (one of them escaped twice) but 5 were caught and the sixth returned by himself.

Wassermann and Gold Sol.—16 specimens of blood and 16 of cerebro-spinal fluid were collected and sent to the Public Health Laboratories and gave various results.

Accidents.—8 patients sustained fractured bones during excitement.

Death Rate.—was 6·84 per cent on the average number resident and 4·98 per cent on the total number treated.

Autopsies.—19 post-mortem examinations were made.

Out-Patients Clinic.—This has been conducted by the Assistant Director and a gratifying number of patients of all classes have been advised gratuitously as to treatment and management at home, the patients come voluntarily and are increasing in numbers as it gradually becomes known that mental trouble does not necessarily mean their being confined in a Mental Hospital.

THE 117 ACCUSED PERSONS SENT TO THE HOSPITAL DURING THE 9 MONTHS
WERE CHARGED WITH THE FOLLOWING OFFENCES.

OFFENCES.	MALES.		FEMALES.		TOTAL.
	Insane.	Not insane.	Insane.	Not insane	
Theft	19	21	1	—	41
Attempted theft	4	3	—	—	7
Murder	6	1	—	—	7
Attempted murder	5	1	—	—	6
Threatening murder	1	—	—	—	1
Assault	8	2	1	—	11
Trespassing	3	1	—	—	4
Travelling without a ticket... ..	1	—	—	—	1
Les Majestés	2	—	—	—	2
Vagrancy	11	3	—	—	14
Arson	3	1	—	—	4
Forgery	1	1	—	—	2
Escape from Police supervision	4	2	—	—	6
Destruction of property and crops	1	—	2	—	3
Carrying arms without licence	3	—	—	—	3
Trading in narcotics	1	2	—	—	3
Rape	1	1	—	—	2
TOTAL	74	39	1	—	117

	Theft and attempted theft.	Murder, attempted murder and threatening murder.	Assault.	Trespassing and travelling without a ticket.	Les Majestés.	Arson.	Rape.	Trading in narcotics.	Carrying arms without licence.	Vagrancy.	Forgery.	Escape from Police supervision.	Destruction of property and crops.	TOTAL.
Primary dementia	5	4	2	2	—	1	1	—	1	2	—	—	1	19
Secondary dementia	2	1	2	2	—	—	—	1	—	6	—	1	—	15
Drug insanity	1	1	—	—	—	—	—	—	—	—	—	—	—	2
Confusional insanity	7	—	—	—	—	—	—	—	—	—	—	2	—	9
Amentia	6	1	—	—	1	2	—	—	1	3	1	1	1	17
Maniacal depressive	—	3	2	—	—	—	—	—	—	—	—	—	1	6
G.P.I.	2	—	—	—	—	—	—	—	—	—	—	—	—	2
Paranoia	—	2	3	—	1	—	—	—	1	—	—	—	—	7
Traumatic insanity	1	—	—	—	—	—	—	—	—	—	—	—	—	1
TOTAL	24	12	9	4	2	3	1	1	3	11	1	4	3	78

ADMISSIONS, READMISSIONS, DISCHARGES AND DEATHS FOR 9 MONTHS
(FROM APRIL TO DECEMBER, 1926).

	Males.	Females.	TOTAL.
Existing in Hospital on April 1, 1926... ..	791	872	1,663
Cases admitted during the 9 months :—			
	Males.	Fem.	TOTAL.
First admissions	141	237	378
Readmissions	46	66	112
Transfers from Khanka Hospital	18	—	18
Total admissions	205	303	508
Total cases treated during the 9 months	966	1,175	2,171
Cases discharged, dead or transferred :—			
	Males.	Fem.	TOTAL.
Recovered... ..	39	41	80
Relieved	63	169	232
Not improved	25	19	44
Not insane	44	1	45
Transferred to Khanka Hospital	11	—	11
Escapes	—	—	—
Died	21	67	88
Total cases discharged, dead or transferred	203	297	500
Remaining in Hospital on December 31, 1926	793	878	1,671
Average daily number resident	798	891	1,689
Persons admitted *	196	300	496
Maximum daily number resident	811	906	1,717
Minimum daily number resident	788	872	1,660

* Persons, i.e. different individuals, in contradiction to "cases" which term may refer to several admissions of the same person during the 9 months. 8 men and 3 women were admitted more than once during the 9 months and have been accounted for as 22 cases

† Persons, i.e., different individuals in contradiction to "cases" which term may refer to several admissions of the same person during the year. 9 men and 6 women were admitted more than once during the year and have been accounted for as 30 cases.

STATISTICS.

	1925-1926.	1926.
Available beds	1,503	1,503
<i>Resident :—</i>		
Average number : ordinary males...	272	276
" " " females	804	833
" " accused males	478	486
" " " females	43	44
" " male prisoners	36	34
" " female " 	8	8
TOTAL RESIDENT	1,641	1,681
TOTAL TREATED : Males... ..	1,063	1,060
Females	1,193	1,249
TOTAL... ..	2,256	2,309
<i>Admissions :—</i>		
Ordinary male admissions	107	103
" female " 	371	374
Accused male " 	176	153
" female " 	9	5
Prisoners male " 	11	9
" female " 	3	2
TOTAL ADMISSIONS INCLUDING TRANSFERS	677	646
Discharged cured and uncured	443	471
" not insane	43	50
Escapes	2	2
Deaths	105	115
Death-rate percentage on average number resident	6.40	6.84
" " " total treated	4.65	4.98
Pellagra admissions	82	69
G.P.I. " 	18	17
Number of staff	425	425
Seclusion hours	369	362
Accidents	8	9
Artificial feeding of patients	2,450	2,480
Night draughts	779	1,180
Cases treated in medical diseases other than mental... ..	2,483	2,926
<i>Sedatives, etc. Dispensed :—</i>		
Chloral Hydrate Kilo.	17	20,610
Hyoscine Hydrobromide Tube.	12	25
Potassium Bromide... .. Kilo.	68	73
Paraldehyde "	13	22
Trional Gms.	1,200	412

	TOTAL.
In Hospital on April 1, 1926	1,031
Cases admitted during the 9 months ending December 31, 1926:—	
First admission	477
Transferred from Abbâssiya Hospital	11
Readmissions	121
TOTAL ADMISSIONS	609
TOTAL CASES TREATED IN 9 MONTHS	1,640
Cases discharged or dead :—	
Recovered	47
Relieved	412
Not improved	63
Died	113
Transferred to Abbâssiya Hospital... ..	18
Not insane	18
Escapes	2
TOTAL CASES DISCHARGED OR DEAD	673
Remaining in Hospital on December 31st, 1926	967
Average daily number resident	1,001
Persons admitted	559
Maximum daily number resident	1,044
Minimum number resident	957

STATISTICS FROM APRIL 1, TO DECEMBER 31, 1926.

Accommodation	...	...	...	...	...	...	...	...	...	...	...	...	1,000
Average number resident	...	...	...	...	...	...	...	...	...	...	...	...	1,001
Admissions including transfers	...	...	...	...	...	...	...	...	...	...	...	...	609
Discharged recovered	...	...	...	...	...	...	...	...	...	...	...	...	47
Other discharges (relieved and not improved)	...	...	...	...	...	...	...	...	...	...	...	...	475
Discharged not insane	...	...	...	...	...	...	...	...	...	...	...	...	18
Escapes	...	...	...	...	...	...	...	...	...	...	...	...	2
Deaths	...	...	...	...	...	...	...	...	...	...	...	...	113
Pellagra admissions	...	...	...	...	...	...	...	...	...	...	...	...	39
G.P.I. admissions	...	...	...	...	...	...	...	...	...	...	...	...	30
Number of staff	...	...	...	...	...	...	...	...	...	...	...	...	276
Seclusion hours	...	...	...	...	...	...	...	...	...	...	...	...	Nil
Restraint	...	...	...	...	...	...	...	...	...	...	...	...	Nil
Accidents—serious	...	...	...	...	...	...	...	...	...	...	...	...	2
Suicides	...	...	...	...	...	...	...	...	...	...	...	...	Nil
Artificial feedings	...	...	...	...	...	...	...	...	...	...	...	...	336
Night draughts	...	...	...	...	...	...	...	...	...	...	...	...	298
Sedative drugs in kilos	...	...	...	...	...	...	...	...	...	...	...	...	46.1
Cases treated medically	...	...	...	...	...	...	...	...	...	...	...	...	2,684

Voluntary admissions :—3 cases were admitted at their own request.

Average increase in weight on those resident and on those discharged :—

YEAR.	RESIDENT.	DISCHARGED.
1923	7 lbs.	13 lbs.
1924	6 „	10 „
1925	8 „	12 „
1926	10 „	15 „

Machinery.—The Chief Engineer reports for the nine months as follows :—

The total cost of the water for the Hospital was L.E. 700.826 milliemes.

The continuous current produced was 50,225 K.W.H and the alternating current produced was 54,616 K.W.H. both at 6.73 milliemes, per K.W.H., giving a total of L.E. 705.069 milliemes.

The Ice Machine produced 4,480 blocks of eleven kgs. each at 21.25 milliemes per block. Total cost L.E. 96.206 milliemes.

The steam generated for cooking and Laundry cost L.E. 388.024 milliemes.

Light cost L.E. 112.550 milliemes for 9 months for 809 lamps.

The light for one night for the whole Hospital costs 409 milliemes

FARM ACCOUNT

POSITION ON FIFTEEN YEARS WORKING TO DECEMBER, 1926.
PROFIT AND LOSS ACCOUNT.

	L.E.	MILL.		L.E.	MILL.
Net profit to December	...	...	Excess of receipts over expenditures	1,727	872
	11,226	848	Stock property, etc.	9,498	976
TOTAL	...	...	TOTAL	11,226	848

ADMISSIONS, READMISSIONS, DISCHARGES AND DEATHS FOR THE YEAR 1926.

	TOTAL.
In Hospital on January 1, 1926	983
Cases admitted during the year 1926 :—	
First admission	594
Transferred from Abbâssiya Hospital	18
Readmissions	151
TOTAL ADMISSIONS	763
TOTAL CASES TREATED IN THE YEAR	1,746
Cases discharged or dead :—	
Recovered	64
Relieved	457
Not improved	68
Died	143
Transferred to Abbâssiya Hospital	20
Not insane	25
Escapes	2
TOTAL CASES DISCHARGED OR DEAD	779
Remaining in Hospital on December 31, 1926	967
Average daily number resident	1,000
Persons admitted	767
Maximum daily number resident	1,044
Minimum daily number resident	957

STATISTICS FOR THE YEAR 1926.

Accommodation	640
Average number resident	1,000
Admissions including transfers	763
Discharged recovered	64
Other discharges (relieved and not improved)	525
Discharged not insane	25
Escapes	2
Deaths	143
Mortality on average number resident	14·3
Mortality on total cases treated	8·2
Pellagra admissions	49
G.P.I. admissions	38
Number of staff	276
Seclusion hours	None
Restraint	None
Accidents—serious	4
Suicides	None
Artificial feedings... ..	336
Night draughts	356
Sedative drugs in kilos	57
Cases treated medically	3,584

Public Health Laboratories.

I.—INTRODUCTION.

The increase noted in the previous years in the number of examinations made in the Public Health Laboratories has been maintained during the present year. The total number of examinations made in 1926 amounts to 40,441 as compared with 34,500 during the preceding year.

Certain changes in the staff have taken place during the period under review. In September, Lieut. Colonel H. Marrian Perry was appointed Director and took over the charge of the Public Health Laboratories from the Deputy-Director, Dr. Ali Bey Shousha who had been Acting Director for the last two years. In the same month Capt. H.J. Bensted was appointed Chief Bacteriologist and assumed the charge of the Bacteriological Section. Five new appointments to the Bacteriological Staff were made during the latter part of the year, three being filled by medical officers who had returned from educational mission abroad. These appointments were made to staff vacancies occasioned by resignations and transfer of other members of staff to Provincial Laboratories.

The necessity of appointing to the staff a medical officer with special training in the preparation of vaccines and sera, and a chemist with experience in the chemical analyses of water and sewage, has been recognised. Two candidates are at present on mission with special reference to the study of these subjects.

Provincial Laboratories were opened at the beginning of the year at Assyût and Luxor. The former provides a bacteriological service for the two provinces of Assyût and Guirgeh, the latter serves the two provinces of Qena and Asswân. The accommodation for both laboratories has been provided in the Government Hospitals.

Up to the present date four Provincial Laboratories have been established in the country and are under the supervision of the Director, Central Laboratories, Cairo. Monthly returns are submitted by each laboratory and they are inspected at intervals by the Director.

At the close of the year arrangements were commenced to staff and equip Bacteriological Laboratories in the Government Fever Hospital, Abbassîya, and the General Hospital, Alexandria. The bacteriological work of the Abbassîya Fever Hospital is at present undertaken in the Central Laboratories, but this arrangement is from all aspects unsatisfactory. There is opportunity for considerable delay in the receipt of specimens owing to the position of the Fever Hospital. This naturally reflects unsatisfactorily on the final result of the investigations. Further, owing to the fact that instructions have now been issued regarding the bacteriological investigations of convalescents from the enterica group of fevers and diphtheria before their discharge from quarantine, it is essential to provide a bacteriologist in the Fever Hospital to organise these examinations.

The bacteriological work of the Government Hospitals at Alexandria has up to the present been undertaken in the Laboratory of the Municipality. It will be a great advantage when a bacteriological service is instituted in the General Hospital itself as collaboration between the clinical and laboratory staff, which under present circumstances is impossible, can be effected.

In the last three months of the year the greater part of the interior of the Central Laboratories has been repainted and extensive repairs have been effected in the foundations of the older part of the building. It is also proposed to instal and extend a new intercommunicating telephone system which will much facilitate the work of the staff.

It will be noted that the number of examinations carried out by the Bacteriological Section shows a large increase for the previous year notwithstanding the fact that the above-mentioned Provincial Laboratories have been established. This is evidence that more attention is being given to the scientific investigation of disease, and it is hoped that further progress in this direction will be maintained.

Some brief comments of the work carried out by this Section are of interest. During the period under review 150 specimens were examined for *V. cholerae*, but in no case was a true vibrio isolated. Many suspicious vibrios were investigated but proved on detailed examination to be haemolytic strains and were therefore classed as El Tor vibrios. With reference to plague investigations, 25 strains of the *B. pestis* were isolated and although all cases were sporadic in their distribution it appeared from serological investigations that many of the strains were closely related. Application of the serological method of identification of the *B. pestis* has recently given satisfactory results. In connection with the examination for malaria, in the great majority of cases *P. vivax* was the infecting species, but towards the end of the year *B. falciparum* was noted in many cases.

The bacteriological investigation of cases of dysentery is a subject which needs further investigation as it has been noted that in previous years the greater number of cases of dysentery have been classified as amoebic in origin. It is probable that further investigation of this subject will reveal the fact that bacillary dysentery is not so uncommon as has been formerly believed, and a more critical study of these diseases will be made during the next dysentery season.

The outstanding feature of the Bacteriological Section during the last twelve months has been the commencement in October of the preparation of typhoid-paratyphoid vaccine on a large scale. Within the last three months of the year over 100,000 c.c. of this vaccine have been manufactured and arrangements have now been made to equip the Laboratories with the necessary apparatus for the manufacture of vaccines on a large scale. The standard method of preparation of typhoid-paratyphoid vaccine as initiated by Wright and Leishman has been adopted. The results of animal experiments have shown that the vaccine prepared produces normal reactions and that its antigenic properties as expressed in the agglutinin response is high.

An intensive anti-typhoid inoculation campaign was commenced in October and within three months over 60,000 individuals had been inoculated in Cairo and Alexandria.

There has been for several years a large reserve of cholera vaccine remaining over since the war period. This vaccine is now out of date and has been condemned. The preparation of fresh vaccine to replace this time expired stock has been commenced, and 63,000 doses are already available. As has been the custom in previous years, all pilgrims leaving Egypt during the year have been inoculated against cholera prior to their departure.

In reviewing the facilities which at present exist for the bacteriological diagnosis of epidemic diseases such as plague, cholera, and typhus in outlying villages of the Fayoum and the Delta, it is evident that there must of necessity be unavoidable delay in the receipt of specimens owing to the distance from the Laboratories. In many instances the delay between their collection and arrival at the Laboratories is such that the value of the subsequent examination is much reduced. The provision of a Motor Mobile Laboratory is the obvious method of remedying this defect and its employment would be an important factor in the control of epidemic disease. In normal circumstances the Motor Mobile Laboratory would be held in readiness in Cairo and could proceed to any position accessible by road where a diagnostic service is required. In addition to the advantage of obtaining earlier and more reliable results, there are many subsidiary problems which could be investigated if the work could be carried out in the actual area of the outbreak. The Travelling Railway Laboratory which is now available is far less useful than a Motor Mobile Laboratory as its scope of action is limited to the immediate vicinity of railway sidings, whereas the sphere of activity of a motor mobile laboratory could be extended to any area possessing passable roads. The necessary credit for the provision of a Motor Mobile Laboratory has been included in the forthcoming budget.

Reference to the number of investigations reported upon by the Chemical Section shows that the volume of routine work is more than double that of last year.

Comparison with the figures for 1924 and 1925 shows that the total number of samples examined has increased from 2,732 in 1924 to 4,642 in 1925 and to 8,578 in 1926. This increase is mainly accounted for by the large number of specimens of narcotics submitted by the Parquets of the Provinces of Lower Egypt. It was mentioned in the Annual Report for the year 1925 that an arrangement had been made (in October 1925) with the Office of the Procureur Général whereby the Public Health Laboratories took over temporarily the above work. This arrangement is still in force. The number of samples examined for narcotics in 1926 was 2,655 of which 1,944 contained narcotic drugs. Heroin heads the list with the highest proportion, followed by hashish. Thus it will be noted that hashish which at one time was by far the most popular narcotic used in Egypt is being replaced by a synthetic narcotic drug manufactured in Europe. The total number of samples found to contain cocaine was very low.

Water and sewage samples have increased from 276 samples in 1925 to 600 in 1926.

By Departmental Order No. 19 of February 3, 1926, the Public Health Laboratories undertook a regular periodic examination of a number of samples of milk from the provinces. In 1925 not more than 20 localities submitted samples of milk for examination. In 1926 the number of these localities has risen to 58. The percentage of samples adulterated was in most cases as high as 60 per cent. The localities where the percentage of samples adulterated was not less than 40 were: Luxor (60 %), Barrage (50%), Kafr el Zaiyât (50 %), Beni-Suef (47 %), Wasta (47 %), Aswân (40 %). In Cairo the percentage of samples showing adulteration is 26. The total number of milk samples has increased from 2,299 in 1925 to 3,118 in 1926.

It may be remarked that nearly 50 per cent of the samples of butter fat examined were found to be adulterated, the majority with coconut oil. Palm kernel oil is also used as an adulterant to a considerable extent. Several samples of butter fat alleged to be genuine but of Syrian origin gave a very high Polenske Value which rendered the detection of a small proportion of coconut oil, if present, impossible by the routine methods of analysis. When opportunity arises a research will be undertaken with a view to the determination of a reliable routine method which will make this differentiation possible.

The figures illustrating the results of the examination of canned foods show that a very large quantity of tinned goods totally unfit for human food is at the present time on the market.

Arrangements were made in 1926 between the Public Health Department and the Customs Administration whereby samples of all consignments of tartar emetic and carbon tetrachloride, the two drugs in common use for the treatment of Bilharziasis and Ankylostomiasis in Egypt, imported for the drug stores and pharmacies should be examined before importation into the country.

At certain periods the number of specimens submitted have been so large that unavoidable delay in reporting the results of the analysis has been caused owing to the inadequacy of the staff of chemists. The appointment of a chemist requested in last year has not yet been made and until such time as a sufficiency of staff is provided such delay is inevitable.

Reference has been made in previous reports to the fact that the present Antirabic Institute is no longer suitable for the purpose both as regards its accommodation and position. The continued encroachment of the Parliamentary buildings has rendered it imperative that the projected new Institute, the building of which had been delayed owing to the difficulty in obtaining a suitable site, should be commenced. A satisfactory site has now been obtained at El Agûza. Owing to the fact that the new Institute and Hospital Annexe is to provide accommodation for all classes of patients, it has been necessary to reconsider and amend the plans which are now in the State Buildings Department. As a temporary expedient efforts had been made to obtain temporary accommodation for the Antirabic Institute in Cairo but no building suitable for the purpose is available. In September, Dr. Sadek Moftah Bey who had been Acting Director of the Antirabic Institute was appointed Director.

The general vaccination campaign which was commenced early in the year exerted considerable pressure upon the organisation of the Vaccine Lymph Institute which is not designed for the manufacture of lymph on the scale that is now necessary. Over fifteen million doses were prepared during the last twelve months, which is the largest amount issued in any year by the Institute since it was established. In order to meet these large demands, calves in batches of 50 were employed, and as the stable accommodation is altogether inadequate to deal with this large number of animals, the stables of the Royal Agriculture Society, Gezira, were placed at the disposal of the Institute to provide the extra accommodation.

The potency of all batches of vaccine lymph issued from the Institute is controlled before its despatch to the provinces, but the problem of preserving this potency until such time as the lymph is used is one which has always occasioned anxiety in vaccination campaigns, particularly during the warmer seasons of the year. Research has therefore been commenced on various methods of preparation of a dried vaccinia virus which would resist the high temperature to which the lymph is frequently subjected.

The interior of the Vaccine Lymph Institute has been completely repainted and the windows and doors fly-screened during the year.

One of the Medical Officers who has returned from educational mission had been appointed to the staff of the Institute and is at present under training in this branch of work.

The Ankylostoma and Bilharzia Research Section exhibited at the Agricultural and Industrial Exhibition (1926) held in Cairo during the months of February and March, models, specimens and drawings dealing mainly, with Ankylostoma and Bilharzia and to some extent with other parasitic diseases. The undertaking was essentially for propaganda purposes against these endemic affections.

In January, the District of Kom Ombo near Aswân was surveyed and there was discovered a very high rate of infection with *S. haematobium* which is endemic in the locality. *S. mansoni* infection was found to be totally absent and the incidence of ankylostoma and ascaris infection to be low owing to the comparative dryness of the locality.

At the request of the Medical Service of the Alexandria Municipality a survey of parasitic diseases in Alexandria was undertaken in May and June. Over a thousand persons were examined and about 64 per cent were found infected with various parasites.

In August the canals in the districts of Minya and Beni Suef were surveyed for their molluscan inhabitants and were found to harbour a large variety of molluscs, but no species of planorbis were encountered.

The inmates of Tura Prison including prisoners and guards were examined for the third time in August and September. They had been previously examined and treated with carbon tetrachloride in 1924. They amounted then to about 2,500 men. Of these about 20 per cent were found affected with Ankylostomiasis. In 1925 they were all examined and only about 4.5 per cent were found still harbouring the parasites.

In 1926 the total number of the inmates had diminished owing to various reasons such as release, death, transportation etc. On examining those present only about 1.5 per cent were found infected.

In the course of the year a new drug, Bayer 212, an organic salt of Antymonil acid, was given a trial at the Qasr el Aini Hospital with hopeful results.

Further studies on the effect of copper sulphate in dilutions of five parts per million on planorbis, bullinus and other molluscs were made in the pond of the Ministry of Public Works near the Public Health Laboratories.

The upward migration of Ankylostoma larvæ through different depths of soil was studied in November in the Laboratory of the Section.

During the same month research was started on the presence of Ankylostoma larvæ and other helminth ova in mosque latrines closed for hygienic purposes in villages near Cairo.

During the last two months of the year the laboratory assistants who were to be distributed among the Ankylostoma Hospitals were trained, underwent an examination, and were eventually sent to their respective posts in these Hospitals.

Some of the results recorded above were published, in the following scientific journals:—

(1) The Bearing of Agricultural Schemes in the Nile Valley on Bilharziasis as observed at Kom Ombo Company Estate, by Dr. M. Khalil (The Journal of State Medicine, Vol. XXXIV, No. 8).

(2) Toxicity of Carbon Tetrachloride in the Treatment of Ankylostomiasis, by Dr. M. Khalil (The Lancet, March 13, 1926).

(3) Comparative Study of the Methods utilised in the Treatment of Bilharziasis with a Report on a new remedy, Bayer 212, by Dr. M. Khalil (Archiv für Schiffs-und Tropenhygiene, Band 30).

(4) Effect of Period of Service upon Parasitic Infection amongst the Cairo City Police Force, by Dr. M. Khalil (Journal of Helminthology, Vol. IV, No. 3, 1926).

(5) The Relation between Sanitation and Parasitic Infections in the Tropics, by Dr. M. Khalil (paper read before the Congress of the Royal Sanitary Institute, London 1926).

In addition to the above publications, the following papers relative to some research work in the Chemical Section have been published during the year under review:—

(1) Etude Comparative des Eaux thermo-minérales d’Egypte et d’Europe, by Dr. A. Azadian (Bulletin Pharmaceutique d’Egypte, No. 62, 1926).

(2) Aperçu Général sur les eaux d’Egypte, by Dr. A. Azadian (Annales d’Hygiène Publique, No. 3, 1926).

(3) Note sur la Source d’El-Shallala, by Dr. A. Azadian (Communication à l’Institut d’Egypte, Séance du 8 Novembre 1926).

(4) Contribution à l’Etude des Eaux thermales de Héliouan-les-Bains, by Dr. A. Azadian (Communication à l’Institut d’Egypte Séance du 6 Décembre 1926).

II.—BACTERIOLOGICAL SECTION (CENTRAL LABORATORIES).

The following table gives the number of examinations made under several headings. The figures do not include the specimens of water examined bacteriologically as these are included in the report of the Water Section.

NATURE OF SPECIMENS.	Government.	Private.	TOTAL.
Cholera	150	—	150
Plague	3,293	—	3,293
Cerebro-spinal meningitis	15	—	15
Diphtheria	1,098	1,429	2,527
Malaria and Relapsing Fever	4,482	46	4,528
Cultural examination for Enterica	1,762	117	1,879
„ and microscopical examination for Dysentery ...	273	188	461
Agglutination reaction for Malta Fever... ..	115	13	128
„ „ „ Enterica	2,653	234	2,887
„ „ „ Weil-Felix	1,911	17	1,928
Influenza	151	—	151
Wassermann Reaction	7,564	55	7,619
Films for Gonorrhœa and Spirochæta Pallida	855	548	1,403
Sputum for Tuberculosis	533	72	605
Urine and fæces for Billharzia Ova	43	68	111
Anthrax	9	—	9
Miscellaneous	475	153	628
TOTAL	25,382	2,910	28,322

III.—CHEMICAL SECTION.

The following chemical analyses were performed during the year :—

NATURE OF SPECIMENS.	Government.	Private.	TOTAL.
Water and sewage	471	167	638
BUTTER FAT :—			
(a) Genuine	224	18	242
(b) Containing other fats including coconut oil	172	2	174
(c) Containing other fats including coconut oil or palm kernel oil	23	1	24
(d) Containing palm kernel oil only	1	—	1
(e) Samples assumed to be of Syrian origin and not falling within the limits of Egyptian butter fat ...	4	10	14
BUTTER :—			
(a) Genuine	5	—	5
(b) Samples in which the percentage of water was higher than the limit of 16 per cent	8	—	8
(c) Samples examined for presence of organisms	1	—	1
COCONUT OIL :—			
(a) Genuine	5	—	5
(b) Adulterated with other oils	—	—	—
COTTON SEED OIL :—			
(a) Genuine	12	—	12
(b) Adulterated	—	—	—
OLIVE OIL :—			
(a) Genuine	8	1	9
(b) Adulterated	7	—	7
OTHER OILS :—			
(a) Genuine	20	—	20
(b) Adulterated	5	—	5
MILK :—			
(a) Genuine	2,191	2	2,193
(b) Adulterated	738	1	739
(c) Abnormal	87	—	87
(d) Doubtful	24	—	24
(e) Samples received unfit for examination	168	—	168
Tinned milk	24	9	33
Artificial milk	1	—	1
Carried forward	4,199	211	4,410

Nature of Specimens.	Government.	Private.	Total.
<i>Brought forward</i>	4,199	211	4,410
DRUGS :—			
Magnesium sulphate :—			
(a) Conform to the British Pharmacop.	78	—	78
(b) Does not conform to the B.P.	5	—	5
Sodium sulphate :—			
(a) Conform to the British Pharmacop.	131	—	131
(b) Does not conform to the B.P.	47	—	47
Tartar emetic :—			
(a) Conform to the British Pharmacop.	4	—	4
(b) Does not conform to the B.P.	5	—	5
Tetraform :—			
(a) Conform to the British Pharmacop.	4	—	4
(b) Does not conform to the B.P.	—	—	—
Other pharmaceutical products	234	—	234
HASHISH AND NARCOTIC ALKALOIDS :—			
(a) Containing hashish	706	—	706
(b) „ cocaine	19	—	19
(c) „ heroin	933	—	933
(d) „ novocaine	60	—	60
HASHISH AND NARCOTICS (<i>contd.</i>) :—			
(e) Samples which gave positive reactions for alkaloidal precipitates but insufficient to detect the individual alkaloid	117	—	117
(f) Containing opium alkaloids	109	—	109
(g) Samples found free from narcotics	711	—	711
Miscellaneous	1,001	4	1,005
TOTAL	8,363	215	8,578

The miscellaneous samples in the preceding table comprise the following material :—

Alcoholic liquors	7	2	9
Alum	11	1	12
Bleaching powder	33	—	33
Blood for urea content	1	—	1
Bread and biscuits	10	—	10
Canned foods	687	—	687
Cheese	27	—	27
Coffee	24	—	24
Disinfectants	3	—	3
Flour	116	—	116
Sand for suitability for water filtration	5	—	5
Urine	15	—	15
Vinegar	21	—	21
Various	41	1	42
TOTAL	1,001	4	1,005

MILK ANALYSIS.

The following table shows the number of milk samples examined during the year 1926 :—

Name of Senders.	Number of samples received.	Genuine.		Adulterated.				
				Skimmed	Watered.	Skimmed and watered.	Total Number.	
		Number.	Per cent.				Number.	Per cent.
Cairo Health Inspectorate	1,519	1,065	70	180	145	72	397	26
Port Said Health Inspectorate	181	122	67	5	38	6	49	27
Ismailiya Health Office	41	31	76	—	5	1	6	15
Suez Health Office	99	66	67	3	17	5	25	25
Damietta Health Office	10	8	80	—	1	—	1	10
BEHEIRA :—								
Kafr el Dawâr Health Office	20	15	75	3	—	1	4	20
El Atf Health Office	13	2	15	—	1	—	1	8
Damanhour Health Office	8	7	88	—	—	—	—	—
GHARBÎYA :—								
Fowa Health Office	13	10	77	1	2	—	3	23
Shirbein Health Office... ..	9	9	100	—	—	—	—	0
Disouk Health Office	20	19	95	—	—	—	—	0
Kafr el Sheikh Health Office	12	10	83	—	—	—	—	0
Mehalla el Kubra Health Office	19	8	42	1	—	—	1	5
Kafr el Zayât Health Office	12	1	8	—	6	—	6	50
Zifta Health Office	10	5	50	—	3	—	3	30
Tanta Health Office	16	12	75	1	1	—	2	13
Manzala Health Office	4	4	100	—	—	—	—	0
DAQAHLÎYA :—								
Sembelawein Health Office	55	28	51	9	2	1	12	12
Mit Ghamr Health Office	46	29	63	1	1	—	2	4
Faraskour Health Office	21	20	95	1	—	—	1	5
Mansoura Health Office	391	299	76	46	8	13	67	17
SHARQUÎYA :—								
Kafr Sakr Health Inspectorate... ..	2	1	50	—	—	—	—	0
Fakous Health Office	10	6	60	—	2	—	2	20
Zagazig Health Office	25	11	44	2	5	—	7	28
Minia el Qamh Health Office	16	11	69	—	—	1	1	6
Bilbeis Health Office	8	6	75	—	1	—	1	13
MINUFIYA :—								
Tala Health Office	22	7	32	1	1	2	4	23
Shibein el Kom Health Office	40	32	80	2	3	—	5	13
Minouf Health Office	23	12	52	1	8	—	9	39
QALUBIYA :—								
Benha Health Office	19	13	58	3	3	—	6	32
GIZA :—								
Imbaba Health Office	21	13	62	—	4	3	7	3
Gîza	22	13	59	—	3	4	7	33
Kahatir el Khairiya	9	4	44	4	1	—	5	56
Carried forward	2,736	1,899	—	264	261	109	634	—

MILK ANALYSIS (*concluded*).

The following table shsows the number of milk samples examined during the year 1926 :—

Name of Senders.	Number of samples received.	Genuine.		Adulterated.					Total Number.	
		Number.	Per cent.	Skimmed.	Watered.	Skimmed and watered.			Number.	Per cent.
<i>Brought forward</i>	2,736	1,899	—	264	261	109			634	—
FAIYÛM :—										
Faiyûm Health Office	18	17	94	1	—	—			1	6
Sannouris Health Office	17	14	82	1	—	—			1	6
BENI SUEF :—										
Beni Suef Health Office	15	8	53	4	2	1			7	47
El Wasta Health Office	15	7	47	4	1	2			7	47
Biba Health Office	9	7	78	1	1	—			2	22
MINYA :—										
El Fashn Health Office	15	11	73	—	2	1			3	20
Maghagha Health Office	15	11	73	—	1	—			1	7
Beni Mazâr Health Office	10	9	90	—	1	—			1	10
Samalout Health Office	13	13	100	—	—	—			—	0
Abu Qerkâs Health Office	20	14	70	2	2	—			4	20
Minya Bandar Health Office	18	10	56	1	4	—			5	28
ASYIÛT :—										
Manfalout Health Office	7	7	100	—	—	—			—	0
Abu Tieg Health Office	12	5	42	—	4	—			4	33
Asyiût Health Office	18	5	28	—	6	1			7	39
GIRGA :—										
Akhmeim Health Office	17	14	82	1	—	—			1	6
Suhâg Health Office	16	13	81	2	1	—			3	19
Tahta Health Office	19	4	21	—	—	—			—	0
Baliana Health Office	17	10	59	—	5	—			4	24
Girga Health Office	22	18	82	1	—	—			1	5
QENA :—										
Nagahamady Health Office	17	7	41	4	—	—			4	24
Dishna Health Office	7	5	71	—	—	—			—	0
Qena Health Office	12	8	67	—	2	—			2	24
Qous Health Office	17	11	65	1	3	—			4	24
Luxor Health Office	5	—	0	—	3	—			3	60
Isna Health Office	15	11	13	1	2	—			3	20
ASWÂN :—										
Edfou Health Office	6	3	50	—	—	1			1	17
Aswân Health Office	10	4	40	—	4	—			4	40
TOTAL	3,118*	2,145	69	288	305	115			708	23

N.B. * This number contains other than genuine and adulterated samples the following :—
Doubtful 10 Abnormal 87 Unfit 168

IV.—WATER SERVICE.

The number of analyses of water, aerated water, ice, sewage etc., made for all purposes during the year 1926, was as follows :—

	Number of Samples.	Samples examined for lactose fermenters.	Samples examined for ordinary bacteria.
<i>Bacteriological :—</i>			
Daily samples of tap water	293	—	293
Me'adi water supply	391	391	391
Giza water supply	372	372	372
Helwân water supply	277	277	277
Rôd el Farag water supply	458	458	458
Other supplies :—			
Government	346	346	346
Private	236	236	236
Aerated water :—			
Cairo	803	803	—
Provinces	126	126	—
Ice : --			
Cairo	207	207	207
Provinces	6	6	6
Syrup	10	10	—
British Army Supplies	11	11	11
Samples examined for the presence of			
Typhoid Group	4	4	4
Sewage	1	1	1
TOTAL	3,541	3,248	2,602
<i>Chemical :—</i>			
Government supplies	428		
Private supplies	154		
Aerated waters	21		
Syrup	17		
British Army Supplies	13		
Sewage	5		
TOTAL	638*		

* These analyses are included in the table of chemical analyses.

V.—VACCINE LYMPH INSTITUTE.

The amount of calf lymph vaccine issued in 1926 amounted to 15, 114, 101, doses. The issues are made up as follows :—

	Doses.
Public Health Inspectors (Bandars)	493,090
Public Health Inspectors (Markazes)	1,289,595
Extra to Public Health Inspectors... ..	11,626,675
Cairo City Health Inspectorate	681,375
Lunacy Division (Public Health Department)	5,350
Frontiers Medical Section (Public Health Department)	86,215
Ministry of Education	49,020
Ministry of Wakfs	1,550
Prisons Department	59,040
Egyptian Army	10,000
Alexandria Municipality	545,500
Suez Canal Company	13,760
Sudan Government	182,000
Miscellaneous sales	30,280
Miscellaneous gratis	40,651
TOTAL... ..	15,114,101

Test of batches before issue :

Owing to the general vaccination campaign some batches of the lymph manufactured were issued before previous test. The result of the tests carried out on the batches which were kept for a period of two weeks in cold storage are given below :—

Number of Batch.	Number of children vaccinated.	RESULT.				
		Successful Pustules.				Unsuccessful.
		Four.	Three.	Two.	One.	
340	34	25	5	2	1	1
342	41	10	4	9	12	6
343	50	27	7	6	6	4
362	35	24	5	4	2	—
366	45	18	14	7	3	3
367	35	8	9	8	5	5
368	37	23	7	6	—	1
370	41	14	9	11	3	4
371	51	46	—	5	—	—
373	42	14	5	13	—	10
374	64	42	14	7	1	—
375	39	35	2	2	—	—
376	38	12	7	10	—	9
378	41	16	11	10	—	4
379	119	39	25	12	25	18
380	53	35	8	4	3	3
TOTAL ...	765	388	132	116	61	68

VI.—PROVINCIAL BACTERIOLOGICAL LABORATORIES.

The following table shows the number of examinations carried out by the Provincial Bacteriological Laboratories during the year 1926 :—

	Suez.	Port-Said.	Asyiût.	Luxor.
Cholera	781	40	21	1
Plague	59	36	320	53
Diphtheria	344	139	157	24
Malaria and Relapsing Fever	704	464	350	161
Widal and Weil Felix reactions	385	382	536	233
Malta Fever reaction	65	33	3	7
Cultural examination for enterica	49	42	94	81
Cultural examination for dysentery Bacilli	19	30	9	51
Sputum for tuberculosis bacilli	142	124	110	37
Films for gonorrhœa	2,371	1,204	731	280
Urine and fæces for bilharzia and protozoa	3,978	2,051	597	191
Wassermann reaction	800	1,789	1,211	581
Influenza	112	195	24	6
Pus for microbes	74	1,626	6	—
Fæces for amœbic dysentery... ..	444	159	153	5
Miscellaneous	156	92	70	14
<i>Additional determinations :—</i>				
Water, ærated waters and ice	246	251	13	5
TOTAL	10,729	8,657	4,405	1,730

VII.—ANTIRABIC INSTITUTE.

(1) In April 1926, the Anglo-Swiss Hospital Authorities opened a new antirabic institute attached to their Hospital in Alexandria.

During that period (9 months), a total of 35 patients were treated, most of them were foreigners.

(2) Owing to the increase of the case rate of rabies in the Sudan, the Sudanese Government requested the Institute, on different occasions during 1926, to furnish them with quantities of Antirabic vaccine sufficient for the treatment of 91 persons.

The following is a report on the work of the Antirabic Institute during the year 1926 :—

During 1926, 2,371 cases of bites were notified to the Institute, as compared with 2,635 in 1925.

Of these, 1,035 were advised that Antirabic treatment was unnecessary, observation of the biting animal for a period of ten days having shown it to be free from rabies.

Of the remainder 74 were advised to discontinue treatment as the animal suspected to be suffering from rabic symptoms proved free from the disease ; whilst 11 voluntarily ceased to report for treatment.

The statistics comprise, therefore, 1251 patients.

1.—MONTHLY INCIDENCE.

The monthly incidence of the 1,251 cases dealt with in the statistics is shown below :—

	persons.
January	72
February	92
March	125
April	89
May	121
June	95
July	100
August	102
September	103
October	98
November	137
December	117

2.—TOPOGRAPHICAL DISTRIBUTION.

The 1,251 persons thus treated are classified as follows :—

	persons.
Egyptians	1,123
Foreigners resident in Egypt	118
Foreigners not resident	10

Their place of origin was :—

<i>Governorates :—</i>	persons.	<i>Provinces (contd.) :—</i>	persons.
Cairo	295	Gîza	79
Alexandria	62	Beni Suef	42
Suez Canal	28	Faiyûm	32
Damietta	2	Minya	44
<i>Provinces :—</i>	persons.	Asyiût	64
Qaliûbîya	62	Girga	19
Sharqîya	93	Qena	19
Daqahliya	160	Aswân	9
Minûfiya	60	Sinai	1
Gharbiya	113	Marsa Matrouh	6
Beheira	44	Sudan	7
		Abyssinia	10

3.—CLASSIFICATION OF BITING ANIMALS.

The injuries to the 1251 patients were inflicted by :—

Dogs	in	1063	cases.
Cats	"	68	"
Wolves	"	28	"
Monkeys	"	18	"
Donkeys	"	28	"
Horses	"	19	"
Camels	"	18	"
Rats	"	6	"
Foxes	"	2	"
Mule	"	1	"

4.—SITE OF THE INJURIES.

102	cases	were	bites	on	the	head	
773	„	„	„	„	naked	skin	{ Serious 158
376	„	„	„	„	through	clothing	{ Slight 615

5.—NOTES ON THE ANIMALS INFLICTING THE BITES.

1. It is to be noted that the number of persons bitten does not correspond to the number of animals causing the bites reported by the Veterinary Service, as in several cases one animal caused the injury to more than one person.

2. In a certain number of cases, a definite diagnosis of rabies could not be established, and these cases are considered as suspect. The details are as follows :—

651 animals escaped and could not be found ;

75 animals were killed and the carcasses destroyed ;

93 brains of animals arrived at the institute in state of decomposition and no investigation was possible ;

48 Animals remained suspect, rabbit inoculation being inconclusive.

The total of suspected animals is, therefore, 867.

3. Up to the present date a positive diagnosis of rabies was established in the case of 41 animals which had bitten 113 persons. The diagnosis was determined :—

(a) By veterinary inspectors in the case of eight dogs which had bitten 16 persons.

(b) By rabbit inoculation in the case of 28 animals (24 dogs, 3 donkeys and 1 camel) which had bitten 88 persons.

4. In the case of five dogs, which had bitten nine persons, positive diagnosis of rabies is presumed by the death of one or more of the individuals bitten.

6.—METHOD OF TREATMENT.

Some modification in the method of treatment was introduced during this year. The attenuation of the vaccine by heating has been discontinued. Further, the use of antirabic serum has been discarded, as the results obtained by the employment of the vaccine alone proved to be as effective. Furthermore its exhibition was not attended by the complications consequent upon the use of serum.

7.—STATISTICS.

The annual statistics embodying the results of treatment are not completed until July of the following year, as they must include all deaths which may occur within six months after the cessation of treatment. The development of symptoms after this interval is, however, rarely observed and should such occur the cases would be included in the report of next year.

In accordance with the practice in other Antirabic Institutes, the statistics only comprise deaths occurring more than 15 days after the treatment was completed.

Amongst the persons treated in 1926, there occurred two deaths. Table I attached gives the names and other particulars concerning each of these cases. The corrected mortality rate, representing the cases in which the treatment failed is therefore, 0.16 per cent.

In addition to the above, it is necessary to record the death of eight other persons who died either during treatment or less than 15 days after its completion. The gross mortality comprising all deaths is therefore, 0.8 per cent. Table II gives a classification of the cases treated and the mortality rate.

TABLE I.—NOTES ON PATIENTS DIED IN 1926.

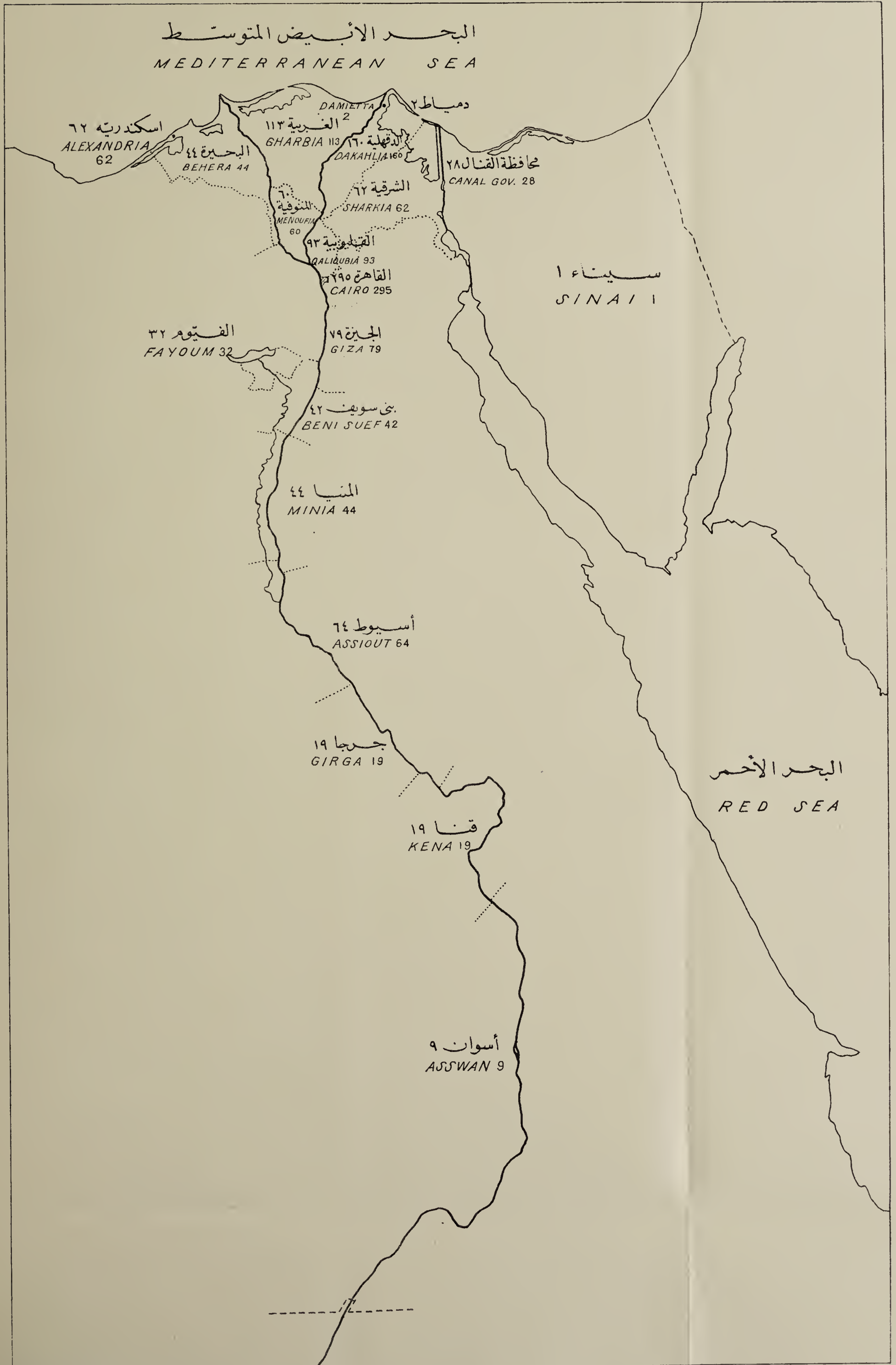
SERIAL No.	NAME OF PATIENT.	Age.	Sex.	Place where the Accident occurred.	Position of Injuries.	Number and Nature.	Bitten by	Date of Bitten.	Dates of Treatment.	Date of Death.
19,950	Mohd. Ibrahim Ahmed Ramadan	13	M.	El-Karaya, Esna Dist.	R. thigh.	2 severe.	Dog Diagnosis impossible.	9.10.26	17.10.26 6.11.26	5.12.26 56 days after the bite. 26 " " treatment.
19,804	Ahd. Abdel-Megid Abdallah ...	10	M.	Keman El-Arous, Wasta Dist.	head. R. Check.	1 severe. 2 severe.	Dog Diagnosis impossible.	6.9.26	8.9.26 28.9.26	22.3.27 196 days after the bite. 174 " " treatment.

TABLE II.—RESULT OF ANTIRABIC TREATMENT IN EGYPT DURING 1926.

Class	A	B	C	TOTAL	INJURIES ON THE HEAD.			INJURIES ON NAKED SKIN (head excepted).			INJURIES THROUGH CLOTHING.			TOTAL.		
					Treated.	Died.	Mortality per Cent.	Treated.	Died.	Mortality per Cent.	Treated.	Died.	Mortality per Cent.	Treated.	Died.	Mortality per Cent.
	15	—	0·0	75	—	0·0	19	—	0·0	109	—	0·0
	1	—	0·0	12	—	0·0	3	—	0·0	16	—	0·0
	86	1	1·2	686	1	0·1	354	—	0·0	1,126	2	0·2
	102	1	1·0	773	1	0·1	376	—	0·0	1,251	2	0·16

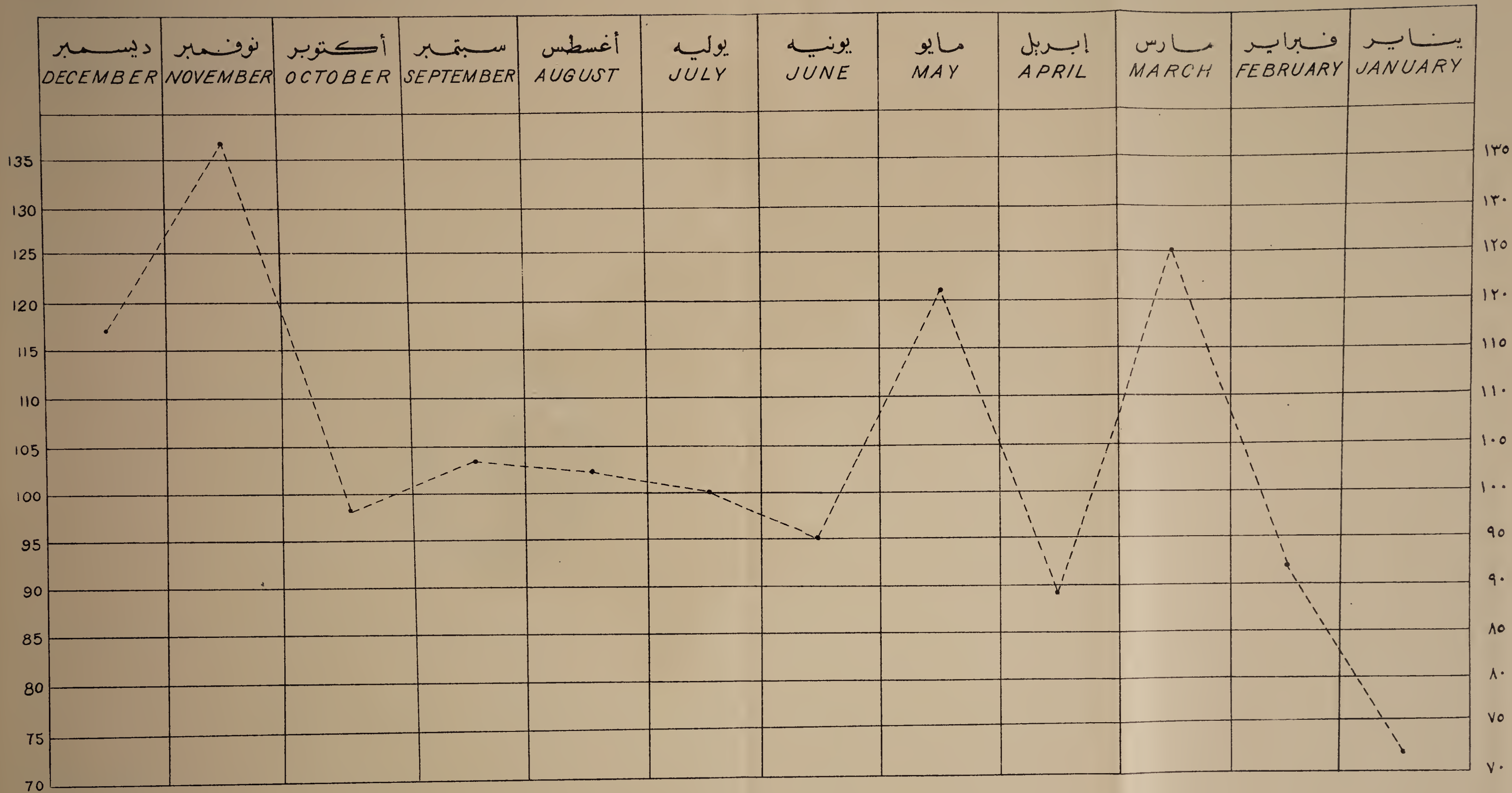
Class A. The animal causing the bite proved to be rabid by the development of rabies in patients bitten or by experimental inoculation.
" B. " " " was declared to be rabid by the Veterinary Surgeon.
" C. " " " suspected of rabies.

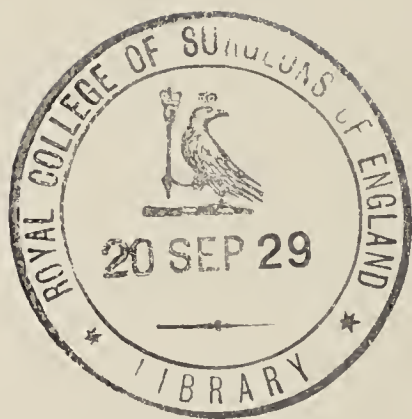
اصابات الكلب في القطر المصري في سنة ١٩٢٦
Cases of Rabies in Egypt during 1926



MONTHLY INCIDENCE FOR 1926

رسم تخطيطي لبيان الاصابات الشهرية التي حدثت في سنة ١٩٢٦





Sanitary Inspection Section.

I.—GENERAL.

The effective and continuous control exercised by the Inspectors of the Section and their Chief (the Inspector-General) upon the sanitary work has given the best results. This control comprised the supervision and inspection of the work and the encouragement of the staff carrying it out.

These Inspectors have given their utmost care to the examination of proposals and creation of new institutions in conformity with the policy of the Department contained in its "Programme of Public Health Improvements". They also played a great part in the investigation of the source of infectious diseases, prevention of same and combating outbreaks thereof. Factors of increase and decrease of deaths and births, water intakes, drainage questions, abattoirs, cemeteries, public latrines, sewage depotoirs, unhealthy establishments, and other important questions bearing on public health have been duly investigated and inspected, whenever necessary, by these Inspectors.

They, moreover, took great interest in subdividing markazes to facilitate to medical officers the performance of their duties by limiting the activity of each M.O. to a reasonable zone in which he can—most satisfactorily and as accurately and quickly as health duties necessitate—execute his duties.

Statistics of the movements of the Divisional Inspectors and nature of the work done during 1926 are detailed in Table No. I. A look to this table will show the zeal by which these inspectors have performed their duties.

II.—MEDICO-LEGAL CASES.

The reports received by the Department from its Medical Officers have shown that they were doing their best as regards the treatment of medico-legal cases.

The total number of persons injured in criminal cases throughout Egypt during 1926, whom the Medical Officers of the Department examined and rendered first aid to those who were in need of it, was 76,923 as against 75,340 in 1925.

Table No. 2 shows the details of these cases.

III.—COMPLAINTS.

The interest taken by the Department in listening to any complaint received, investigating it with care and inflicting penalties appropriate to the neglect committed by any employee had the best effect upon the performance of duties.

The number of complaints received in 1926 and dealt with was 146 as against 109 in 1925.

Hereunder a return of the complaints received this year and the action taken as regards them, as compared with the figures of 1925 :

COMPLAINTS RECEIVED.	1926	1925
Found incorrect	89	54
Found correct and settled	57	48
Under consideration	—	7
TOTAL	146	109

TABLE NO. 1.—STATISTICS LIST ON THE WORK OF DIVISIONAL INSPECTORS DURING 1926

MONTH.	DIVISIONAL INSPECTOR, TANTA.						DIVISIONAL INSPECTOR, ZAGAZIG.						DIVISIONAL INSPECTOR, MINYA.						DIVISIONAL INSPECTOR, QENA.					
	Inspections.		Examinations.		Investigations.		Inspections.		Examinations.		Investigations.		Inspections.		Examinations.		Investigations.		Inspections.		Examinations.		Investigations.	
	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926	1925	1926
January
February
March
April
May
June
July
August
September
October
November
December
TOTAL

TABLE NO. 2.—SHOWING STATISTICS IN CONNECTION WITH MEDICO—LEGAL CASES
DEALT WITH DURING 1926.

LOCALITIES.	SLIGHT CASES.		SERIOUS CASES.		FATAL CASES.		TOTAL.	
	Accident.	Criminal.	Accident.	Criminal.	Accident.	Criminal.	Accident.	Criminal.
<i>Governorates :—</i>								
Cairo	514	14,066	99	252	171	28	784	14,346
Alexandria	1,461	6,921	163	92	69	44	1,693	7,057
Canal	305	1,480	39	32	55	21	399	1,533
Suez	43	399	6	22	14	6	63	427
Damietta	74	541	10	10	22	6	106	557
<i>Lower Egypt :—</i>								
Daqahliya	496	2,785	288	195	261	63	1,045	3,043
Sharqiya	388	2,882	208	144	284	70	880	3,096
Qalyubiya	299	978	95	243	140	45	534	1,266
Gharbiya	663	3,640	590	1,105	447	283	1,700	5,028
Minûfiya	447	3,370	232	318	305	130	984	3,818
Beheira	402	3,224	183	437	261	89	846	3,750
<i>Upper Egypt :—</i>								
Giza	278	2,282	118	242	247	47	643	2,571
Beni Suef	185	1,895	76	172	136	55	397	2,122
Faiyûm	175	1,408	108	224	76	113	359	1,745
Minya	274	2,493	205	340	254	152	733	2,985
Asyût	479	4,445	378	547	389	231	1,246	5,223
Girga	291	2,082	128	358	364	108	783	2,548
Qena	270	1,302	126	147	161	55	554	1,504
Aswân	60	297	43	46	81	25	184	368
TOTAL	7,104	56,490	3,095	4,926	3,737	1,571	13,936	62,987

Finance and Personnel.

It having been decided that the financial year should start from the May 1, instead of the April 1, the following additional credits which should be considered as an integral part of the Budget fo 1926-1927 were granted to meet expenditure during April 1927 :—

	Credits.	Expenditure.
	L.E.	L.E.
Arts.		
1. Salaries, Wages and Allowances	38,022	38,342
2. Transport, transfer and T.A.	2,424	3,740
3. Food	6,100	5,186
4. Forage	210	330
5. Rent, Water, Light, etc....	2,167	2,131
6. Books and Periodicals	61	133
7. Telephones and Telegrams	300	238
8. Petty expenses	351	359
9. Purchase of animals	135	112
10. Free water fountains	376	354
11. Stores	10,069	7,703
12. Uniforms	63	143
13. Upkeep of materials and equipment	155	351
14. Transport of Stores	933	2,440
15. Allowances to Sanitary Barbers	60	56
16. Disinfecting ships at the ports	500	930
17. Maintenance of Temporary Lazarets at Gabbary	380	851
20. Passenger Control	821	508
21. Maintenance of Lock Hospitals	252	71
22. Subventions	583	583
23. Maintenance of Ankylostoma Hospitals and F.D.S. buildings	125	260
24 bis. Expenditure, in connection with the scheme of infant protection...	250	1,066
TOTAL	64,337	65,887
Lunacy Division.		
25. Salaries, Wages, and Allowances	3,574	3,479
26. Transport, Transfer and T.A.	31	39
27. Water and Lighting	534	585
28. Food	3,550	4,227
29. Forage and Shoeing	81	105
30. Books and Periodicals	2	—
31. Telephones and telegrams	29	1
32. Petty expenses	42	40
33. Stores	700	1,799
34. Petty repairs	42	56
TOTAL	8,585	10,331

ACTUAL EXPENDITURE UNDER ARTICLE 24 “NEW WORKS”.

	1926-1927
	L.E.
Equipment for new buildings :—	
Two travelling Ophthalmic Hospitals (completion of equip.)	90
“Ophthalmic treatment in Government Schools	2,848
Ankylostoma annexes	865
Four venereal diseases clinics	7,015
New Health Offices	1,382
“Giza Ophthalmic Laboratory	177
New Section at Alexandria Hospital	1,630
“Giza Ophthalmic Laboratory	69
New Section at Alexandria Hospital	901
Various :—	
Purchase of motor launch	1,417
Construction of 100 graves for the poor (completion of expenditure)	1,579
War graves of Turkish and German	166
Anti-Malaria and other Campaigns	13,642
Construction of a shelter at Port-Said	83
Measures for combating ankylostoma and Billharzia	6,422
TOTAL	38,316

BUDGET.

Actual expenditure amounted to:—

	1926-1927	1925-1926
	L.E.	L.E.
Department of Public Health	744,629	716,082
Lunacy Division	102,479	104,357
TOTAL	847,108	820,439

Increase of 1926-1927 as compared with 1925-1926 L.E. 26,669

COMPARISON BETWEEN ACTUAL EXPENDITURE 1926-1927 AND THAT OF 1925-1926.

	Actual Expenditure 1926-1927	Actual Expenditure 1925-1926	Increase.	Decrease.
	L.E.	L.E.	L.E.	L.E.
<i>Expenditure on Services under D. P. H. direct control.</i>				
Art. 1. Salaries, Wages and Allowances ...	422,509	393,832	28,677	—
„ 2. Transport, transfer and Travelling allowances	29,294	30,903	—	1,609
„ 3. Food	75,838	71,249	4,589	—
„ 4. Forage	2,224	1,901	323	—
„ 5. Rent, Water, Light, etc....	20,900	18,847	2,053	—
„ 6. Books and Periodicals	551	952	—	401
„ 7. Telephones and Telegrams	2,893	3,006	—	113
„ 8. Petty expenses	4,097	3,978	119	—
„ 9. Purchase of animals	3,668	1,189	2,479	—
„ 10. Free water Fountains	4,267	4,186	81	—
„ 11. Stores	109,599	116,787	—	7,188
„ 12. Uniforms	418	757	—	339
„ 13. Upkeep of material and Equipment	1,687	1,568	119	—
„ 14. Transport of Stores	7,303	8,580	—	1,277
„ 15. Allowances to sanitary barbers ...	659	613	46	—
„ 19. Allowances for dentist examinations	26	14	12	—
„ 20. Passenger control	7,181	7,056	125	—
„ 21. Maintenance of lock hospitals for Europeans	3,046	2,562	484	—
„ 23. Maintenance of Ankylostoma Pa- villions and F.D.S. buildings ...	272	—	272	—
„ 23 bis. Expenditure in connection with the scheme of infant Protection	194	—	194	—
„ 24. New works... ..	25,046	24,333	713	—
TOTAL	721,672	692,313	40,286	10,927
<i>Expenditure on Credits shown in D.P.H. Budget for work done by other Departments.</i>				
Art. 16. Disinfecting ships at the ports ...	5,907	5,363	544	—
„ 17. Maintenance of temporary lazarets at Gabbary	4,065	4,228	—	163
„ 18. Sanitary improvements in mosques	2,500	2,417	83	—
22. Subventions	10,475	12,486	—	2,011
	744,619	716,807	40,913	13,101
<i>deduct:</i>				
Recoveries for services rendered	—	725	—	725
TOTAL	744,619	716,082	40,913	12,376

		Actual Expend. 1926-1927	Actual Expend. 1925-1926	Increase.	Decrease.
		L.E.	L.E.	L.E.	L.E.
<i>Lunacy Division</i>					
Art. 25	Salaries, Wages and Allowances ...	41,093	40,985	108	—
„ 26	Transport, Transfer and Travelling allowances	297	200	97	—
„ 27	Water and lighting, etc.	5,044	5,015	29	—
„ 28	Food	44,961	44,057	904	—
„ 29	Forage and shoeing	651	586	65	—
„ 30	Books and periodicals	24	26	—	2
„ 31	Telephones and telegrams	160	172	—	12
„ 32	Petty expenses	319	218	101	—
„ 33	Stores	9,684	10,827	—	1,143
„ 34	Petty repairs	246	344	—	98
„ 35	New Works	—	1,927	—	1,927
Total		102,479	104,357	1,304	3,182

	L. E.
Quarantine Board	7,000
The International Public Health Office at Paris	482
Sleeping and sickness Commission	1,000
Tropical Diseases Bureau*	100*
Allowances to the presidents of the Medical Boards of London and Paris	225
Giza Memorial Ophthalmic Laboratory	1,706
TOTAL	10,513

* Limited to 5 years, ending on March 31, 1927.

PERSONNEL.

CENTRAL ADMINISTRATION.

TITLE.	Grade.	1925	1926	TITLE.	Grade.	1925	1926
TECHNICAL.				<i>Brought forward</i> ...		68	73
Under-Secretary of State...	—	1	1	ADMINISTRATIVE.			
Healt Expert	I <i>b</i>	1	1	Director of Secretariat ...	III	1	1
Director, Public Health Laboratories	I <i>c</i>	1	1	Director, Finance and Personnel	III	1	1
Deputy Director, Public Health Laboratories ...	II	1	1	Deputy Director, Finance and Personnel	IV	1	1
Technical Secretary... ..	III	1	1	Director of Permits and Secretary to Board of Health	IV	1	1
Specialist in Water research s	III	—	1	Director of Stor s	III	—	1
Director,Antirabic Institute	III	1	1	Deputy Director of Stores	IV	1	1
Bacteriologists, Category A	III	4	4	Inspector of Stor s	V	—	1
„ „ B	IV	7	7	Chief of translation and publication	V	1	1
„ „ C	V <i>b</i>	3	8	Assistant Director of Secretariat	V	1	1
Chemist Category A ...	III	1	1	Chief Store Officer	V	1	1
„ „ B ...	IV	2	2	Administrative Assistants, Finance and Personnel...	V	2	2
„ „ C ...	V	3	3	Inspectors of Stores... ..	VI	2	2
Assistant Chemist	VI	1	1	CLERICAL.			
Director of Stores	III	1	—	Employees	A	14	14
Parasitologist	IV	—	1	Storekeepers	A	3	3
Senior Pharmacist	V <i>b</i>	1	1	Employees	B	46	46
General Service Medical Officers	VI	19	19	Store keepers	B	12	12
Pharmacists	VI	2	2	Employees	C	123	128
Assistant Pharmacists ...	VII	8	8	Storekeepers	C	23	23
Mowallidat	VII	7	7	TOTAL			
Foreman of Works	VI	1	1			301	313
Foreman of Instrument Workshops	VIII	1	1				
Inspector of Stores	V	1	—				
<i>Carried forward</i> ...		68	73				

HEALTH DEPARTMENT.

TITLE.	Grade.	1925	1926	TITLE.	Grade.	1925	1926
TECHNICAL.				<i>Brought forward</i> ...		56	58
Director	Ic	1	1	Assistant Police M.Os.,			
Inspector-General	II	1	1	Cairo and Alexandria ...	Va	2	2
Director of Section	II	2	2	Bacteriologists	Vb	3	—
P.M.O., Cairo City	II	1	1	Statistical Expert	V	—	1
Deputy Director of Section	III	1	1	Sanitary Engineer	V	1	1
M.Os. of Health, Cairo City	III	2	2	General Service M.Officers	VI	156	190
P.M.O. Frontiers Medical				Inspector of Disinfection ...	VII	1	1
Section	III	—	1	Inspector of Disinfecting			
Divisional Inspectors ...	III	7	7	Machines	VII	1	1
„ Inspector ...	IV	1	1	Inspector of Vidange ...	VII	1	1
Chief Sanitary Engineer ...	III	1	1	Mowallidat... ..	VII	25	27
P.H. Inspectors... ..	III	3	3	Overseers	VII	35	38
Inspectors (Epidemic) ...	IV	2	2	Draftsman	VII	1	1
S.M.O.s, Sections, Cairo City	IV	2	2	„	VIII	1	1
Public Health Inspectors ...	IV	14	14	Assistant engineer	VII	1	1
Principal Police M.Os., Cairo				ADMINISTRATIVE.			
and Alexandria	IV	2	2	Administrative Assistant...	V	1	1
Assistant P.H. Inspectors	IV	3	3	„ „ ...			
„ „ „	Va	10	10	Cairo Health Inspectorate	VI	1	1
Port M.O., Alexandria ...	Va	1	1	CLERICAL.			
Deputy Frontiers medical				Employees	A	10	10
section	Va	—	1	„	B	34	35
Food and Nuisance Ins-	Vb	2	2	„	C	211	244
pectors				TOTAL			
<i>Carried forward</i> ...		56	58			541	614

MEDICAL DEPARTMENT.

TECHNICAL.				<i>Brought forward</i> ...		26	30
Director	Ic	1	1	M.O., Central Medical Com-			
Directors of Sections ...	II	2	2	mission	Va	1	1
Deputy Director of Section	III	1	1	Radio-Therapist,	V	1	1
Divisional Inspectors ...	III	5	5	P.M.Os., General Hospitals	V	17	18
President, Central Medical				P.M.Os., Ophthalmic Hos-			
Commission	III	1	1	pitals	V	18	21
Director, Alexandria Hos-	III	1	1	P.M.O., Hôd El Marsûd ...	V	1	1
pital	III	1	1	Registrars,			
Director, Abbâsiya Fever	III	1	1	Kasr el-Aini Hospital ...	V	4	6
Hospital... ..	III	1	1	General Service Medical			
P.M.O., Frontiers medical				Officers	VI	127	139
section	III	1	—	Deputy Chief Inspector of			
Vice-President, Central	IV	1	1	Pharmacies	Va	1	1
Medical Commission ...	IV	3	6	Senior Pharmacists	Vb	6	6
Medical officers	IV	1	1	Pharmacists	VI	23	28
Chief Inspector of Pharma-	IV	1	1	Assistant Pharmacists ...	VII	6	6
cies	IV	1	1	Mowallidat... ..	VII	50	51
Hospital P.M.O., category				Mechanic for X-Ray app.	VI	1	1
A Suez	IV	1	1	Steward	VI	1	1
Hospital P.M.O., Port Said	IV	1	1	ADMINISTRATIVE.			
Assistant Director, Abbâ-	IV	1	1	Administrative Assistant...	V	1	1
siya Fever Hospital ...	IV	1	1	CLERICAL.			
Assistant Director, Alexan-	IV	1	1	Employees	A	5	5
dria Hospital... ..	IV	1	1	„	B	34	33
Inspector, Ankylostoma ...	IV	—	1	„	C	99	104
Pathologist, Alexandria				Moawens	C	43	47
Hospital	IV	1	1	TOTAL			
Surgeon, Alexandria Hosp.	V	2	2			465	501
Gynæcologist, „ ..	V	1	1				
Dermatologist, „ ..	V	—	1				
<i>Carried forward</i> ...		26	30				

GENERAL TOTAL OF PERMANENT STAFF.

	1925	1926
Central Administration	301	313
Health Department	541	614
Medical Department	465	501
TOTAL	1,307	1,428

TEMPORARY STAFF.

TITLE.	GRADE.	1925	1926
TECHNICAL.			
Food and Nuisance Inspector	V b	1	1
Overseer	VII	1	1
Matrons	VI	10	10
Inspecting Nursing Sisters	VII	2	2
Nursing Sister, special class	VII	10	10
„ „ 1st class	VII	28	29
„ „ 2nd „	VII	3	3
Sewing woman	VII	1	1
Electrician	VI	1	1
„	VII	1	1
		58	59

SPECIAL CREDITS.

	Grade.	1925.	1926.
<i>Passenger Control.</i>			
Medical Officers	VI	3	1
Employees	C	15	15
<i>Epidemic Credit.</i>			
Medical Officers	VI	16	22
<i>Maintenance of Lock Hospitals Credit.</i>			
Medical Officer	V	1	1
Mowallidat	VII	1	1
Employee	C	1	1
<i>Unforeseen Appointments.</i>			
Employee	C	—	1

LUNACY DIVISION.

TITLE.	Grade.	1925	1926	TITLE.	Grade.	1925	1926
TECHNICAL.				<i>Brought forward ...</i>			
Director of Lunacy Division	Ib	1	1	ADMINISTRATIVE.			
Director of Khanka Asylum	III	1	1	Sub-Director	V	1	1
Sub-Director of Abbâsiya Asylum	III	1	1	Steward	V	1	1
Sub-Directors of Abbâsiya and Khanka Asylums ...	IV	2	2	Employee	V	1	1
Medical Officers... ..	Va	5	5	Employees	VIII	3	3
„ „	VI	7	6	CLERICAL.			
Chemist	V	—	1	Employees	A	2	2
„ „	VI	2	1	„ „	B	6	6
Head nurses	VII	4	4	„ „	C	10	10
„ „ „ „	VIII	5	5	TOTAL			
<i>Carried forward ...</i>		28	27	TEMPORARY ESTABLISHMENT.			
				Electrician	VI	1	1
				Electricians	VII	2	2
				TOTAL			
				3			
				51			

HORS CADRE STAFF.

TITLE.	1925	1926	TITLE.	1925	1926
			<i>Brought forward ...</i>		
Laboratory Assistant	40	78	Copyists	3	8
Overseers	57	64	Shawîshs	—	39
Chief Attendants... ..	204	230	Sais	—	179
Attendants	886	954	Farrâshs	—	128
Female Attendants	432	437	Chauffeurs	—	2
Assistant Attendants (Male)	—	19	Chauffeurs, motor launch... ..	—	4
„ „ (Female)... ..	—	53	„ „ side car	—	7
Disinfectors	51	52	Barbers	109	122
Rat-Catchers	—	4	Gardners	—	54
Moawens	11	12	Mechanics	4	4
Electrical Workmen	—	14	Cooks	80	85
Packers... ..	—	14	Miscellaneous categories	1,155	789
<i>Carried forward ...</i>			TOTAL		
1,681			3,032		
1,931			3,352		

DISTRIBUTION OF BUDGET

	Budget Credits.	Central Administration including Secretariat.	Finance and Personnel Section.	Stores.	Laboratory	Lunacy Division.
TITLE I.—SALARIES, WAGES AND ALLOWANCES :—						
Art. 1.—Salaries, Wages and Allowances :—						
(a) Permanent Establishment	321,171	17,152	13,424	15,066	18,892	15,129
(b) Temporary Establishment	16,502	—	—	—	—	816
(c) Hors Cadre Posts	118,149	2,407	286	2,645	2,720	22,167
(d) Daily-Paid Staff	22,241	—	—	5,532	656	290
(e) Allowances	17,820	250	—	24	736	4,493
(f) Staff connected with the scheme of Infant Protection	6,000	—	—	—	—	—
	501,883	19,809	13,710	23,267	23,004	42,895
Deduct :—Recoveries for services rendered	2,737					
TOTAL	499,146	19,809	13,710	23,267	23,004	42,895
TITLE II.—GENERAL EXPENSES :—						
Art. 2.—Transport, Transfer and T.A.	29,457	890	250	400	200	372
„ 3.—Food	112,173	—	—	—	—	44,188
„ 4.—Forage	2,186	—	—	—	507	972
„ 5.—Rent, Water, Light, etc.	28,888	110	—	1,780	1,010	6,414
„ 6.—Books and Periodicals	755	730	—	—	—	25
„ 7.—Telephones and Telegrams	3,563	200	35	154	450	197
„ 8.—Petty Expenses	4,805	10	—	200	290	590
„ 9.—Purchase of Animals	1,220	—	—	110	1,110	—
„ 10.—Free Water Fountains	4,505	—	—	—	—	—
„ 11.—Stores	132,356	1,150	—	—	6,517	12,711
„ 12.—Uniforms	761	45	—	—	—	—
„ 13.—Upkeep of Material and Equipment	1,865	20	—	—	108	—
„ 14.—Transport of Stores	11,198	104	—	—	617	—
„ 15.—Allowances to Sanitary Barbers	721	—	—	—	—	—
„ 16.—Disinfecting Ships at the Ports	6,000	—	—	—	—	—
„ 17.—Maintenance of Temporary Lazarets at Gabbary	4,560	—	—	—	—	—
„ 18.—Sanitary Improvements in Mosques	2,500	—	—	—	—	—
„ 19.—Allowances of Dentist Examination	100	100	—	—	—	—
„ 20.—Passenger Control	9,848	—	—	—	—	—
„ 21.—Maintenance of Lock Hospital for Europeans	3,020	—	—	—	—	—
„ 22.—Subventions	10,513	—	—	—	—	—
„ 23.—Maintenance of Ankylostoma Pavillions and buildings of Frontier Medical Section	2,000	—	—	—	—	500
„ 23 bis.—Expenses in connection with the Scheme of Infant Protection	3,000	—	—	—	—	—
TOTAL	375,994	3,359	285	2,644	10,809	65,969
TITLE III.—NEW WORKS :—						
Art. 24.—New Works	98,233	—	—	—	—	1,750
TOTAL BUDGET	973,373	23,168	13,995	25,911	33,813	110,614

(1) Placed at the disposal of the Quarantine Board Administration.

(2) „ „ „ „ Ministry of Wakfs.

(3) „ „ „ „ Alexandria Municipalities for the maintenance of Alexandria Lock Hospital for Foreigners.

(4) Subvention Amounting L.E. 10,513 are detailed on page 355.

CREDITS 1926-1927.

Health Department.			Medical Department.							Credits placed at the disposal of other Services.
Inspectorates.	Frontier Districts.	Fever Hos. itals.	Central Hospitals.	Ophthalmic Hospitals.	Ankylos-toma Hospitals.	Ven-er al diseases Clinics.	Infant Welfare.	Inspec-torate of Pharma-cies.	Central Medical Commis-sion.	
137,001	5,078	5,142	54,465	23,999	7,154	1,760	—	3,156	3,753	—
3,912	—	2,402	9,372	—	—	—	—	—	—	—
24,453	5,925	7,913	33,594	10,998	3,747	730	—	340	224	—
14,117	220	—	1,426	—	—	—	—	—	—	—
2,817	4,743	2,041	2,428	288	—	—	—	—	—	—
—	—	—	—	—	—	—	6,000	—	—	—
182,300	15,966	17,498	101,285	35,285	10,901	2,490	6,000	3,496	3,977	—
925	—	—	636	1,176	—	—	—	—	—	—
181,375	15,966	17,498	100,649	34,109	10,901	2,490	6,000	3,496	3,977	—
20,610	1,250	80	2,550	1,950	340	160	—	400	5	—
2,000	893	7,959	50,107	7,026	—	—	—	—	—	—
420	58	35	58	136	—	—	—	—	—	—
9,248	240	700	6,180	1,370	828	1,008	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
1,395	5	140	615	280	—	72	—	—	20	—
1,210	30	160	1,500	590	120	60	—	40	5	—
—	—	—	—	—	—	—	—	—	—	—
4,505	—	—	—	—	—	—	—	—	—	—
18,481	4,250	3,536	70,689	10,247	4,021	631	—	—	123	—
475	—	—	188	53	—	—	—	—	—	—
36	70	54	1,332	165	65	10	—	—	5	—
1,679	394	336	6,660	963	372	62	—	—	11	—
721	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	6,000 ⁽¹⁾
—	—	—	—	—	—	—	—	—	—	4,560 ⁽¹⁾
—	—	—	—	—	—	—	—	—	—	2,500 ⁽²⁾
—	—	—	—	—	—	—	—	—	—	—
9,848	—	—	—	—	—	—	—	—	—	—
920	—	—	—	—	—	—	—	—	—	2,100 ⁽³⁾
—	—	—	—	—	—	—	—	—	—	10,513 ⁽⁴⁾
—	500	—	—	—	1,000	—	—	—	—	—
—	—	—	—	—	—	—	3,000	—	—	—
71,548	7,690	13,000	139,879	22,780	6,746	2,003	3,000	440	169	25,673
6,520	—	810	3,900	5,053	28,000 ⁽⁷⁾	2,200	15,000	—	—	20,000 ⁽⁵⁾ 15,000 ⁽⁶⁾
259,443	23,656	31,308	244,428	61,942	45,647	6,693	24,000 ⁽⁸⁾	3,936	4,146	60,673

⁽⁵⁾ Placed at the disposal of the Anti-Malaria Commission for Anti-Malaria and other Campaigns.

⁽⁶⁾ Represent Government share in the construction of Alexandria Fever Hospital.

⁽⁷⁾ Includes L.E. 20,000 added by the Parliament on his Examination of D.P.H. Budget for the creation of 5 additional Ankylostoma Annexes.

⁽⁸⁾ Granted by Parliament for the erection of 3 centres for Infant Welfare Protection.

Secretariat.

The Secretariat comprises the following sections and branches (besides the Medical Permits Section which is attached to the Secretariat and is under a special director) :

(1) Translation, Publication and Prints Section.

(2) Codification Office.

(3) Secretariat Central Office, comprising : Secretariat, Registration and Archives, and the Offices of H.E. the Under-Secretary of State, the Health Expert and the Technical Secretary.

I.—TRANSLATION, PUBLICATION AND PRINTS SECTION.

This Section is charged with the work pertaining to drafting of correspondence, etc., and translation, as a whole, *e.g.* polishing the language of the Annual Reports issued by the Department in Arabic and English, translation of drafts of laws, bye-laws and public health arrêtés, revision and translation of the Codified Departmental Regulations, pamphlets, reports, publications and others, which are of special interest, whether they are issued in Arabic, English or French.

This section also takes necessary steps for the printing and distribution of the aforementioned reports and pamphlets ; also preparing the annual and additional demands for the printed forms required for the different sections of the Department.

In addition, this section is charged with the issue of Departmental Orders and Gazettes ; also making the necessary arrangements for the insertion of Department advertisements in the Official Journal and Local Newspapers.

The following Departmental Reports and other publications have been translated, printed and distributed in 1926 :—

(1) Annual Departmental Report for 1922 (In both Arabic and English Languages).

(2) Cairo City Health Report for 1922 (in both Arabic and English Languages).

(3) Annual Departmental Report for 1923 (in both Arabic and English languages).

(4) Cairo City Health Report for 1923 (in both Arabic and English languages).

(5) Reports and Notes of the Public Health Laboratories No. 6—in English— (The Arabic copy has been prepared later on and is now under print in the Government Press).

(6) Lunacy Division Report for 1924 (in both Arabic and English languages).

(7) Alexandria Water Committee Report (in both Arabic and English languages).

(8) Ophthalmic Report for 1924 (in both Arabic and English languages).

In addition, this section translated and issued the Department Codified Regulations which are inserted at the foot of the following passage entitled “ Codification Office ”.

The number of the new forms printed during the year was 27 ; thus the total of Department forms applied in its service amounted to 940, form registers included.

A new set of forms was created this year for the Frontiers Medical Section ; also the set of the Lunacy Division (previously under the Ministry of Interior and attached lately to the Department) was added to the Department sets, which thus amounted to 19.

It is worthy of mention that the work of the section has lately much increased owing to the fact that the field of activity of the Department has widened, due to : (1) the attachment thereto of certain medical services, previously under other Government Administrations, (2) the creation of many public health branches, and (3) to the recent foundation of a tight link between the Sanitary Administrations of other Countries and this Department, which resulted in the exchange of ideas, reports and publications.

II.—CODIFICATION OFFICE.

The Department has, some years ago, observed that complete sets of public health laws, bye-laws, orders and regulations in force were not available at many of its branches in Cairo and the provinces.

Moreover, on the creation of new units (many of them are now being established in accordance with the newly decided sanitary programme) it is impossible to supply them with the necessary sets for reference in the carrying out of their duties owing to the fact that the publications of which these sets are formed, are out of stock.

The Department has issued in the previous years many thousands of regulations and circular letters dealing with a multitude and different questions in connection with public health work, some of which have now become obsolete, others were cancelled and some were modified.

These orders and circular letters used to be compiled in annual sets according to their date of issue, irrespective of the subject they are dealing with. It thus became an impossibility for the officials, especially the recently appointed, to find in these sets the way they should follow in connection with the carrying out of their duties, assuming that it is possible to provide the new units with complete sets : which is not feasible.

The Department has, therefore, felt a great need for the revision of all laws, bye-laws, orders and regulations which have already been issued in connection with its work, in order to compile a new set comprising only those in force, classify it into different chapters according to the variety of subjects, print and distribute them amongst all its sections and branches ; this being the only means for public health officials to know clearly the limits of their duties and how to carry them out. Moreover, the compilation of this set will afford a great facility to the Department in studying its regulations and instructions with the purpose of discovering their defects and modifying them according to the requirements of the work.

The Department, observing that the compilation of the new set will need strenuous efforts, strict accuracy and a long time for its achievement, decided to issue, in the shape of a book, a provisional edition of every chapter compiled, in order to facilitate the work and have them utilised in the least possible delay.

It is hoped that after the issue of all the chapters of this set in provisional editions, entering the necessary modifications thereto, and making use of them for a good period of time, the set will have attained perfection ; and it would, therefore, be possible to have it reprinted en bloc together with a complete list of contents.

The following books of compiled regulations have appeared during the year in both Arabic and English languages :—

1. Regulations on Practice of Medicine, Dentistry, Veterinary, Surgery and Midwifery.
2. Regulations on Small-pox Vaccination, Vaccine Lymph, etc.
3. Regulations on Legal, Police Judiciaire, Procès-Verbaux, etc.
4. Regulations on Latrines accessible to the Public ; latrines of Mosques and Zawyas, their ablutionary systems and water installations.

The following books were previously used :

- (1) Instructions on procedure in outbreaks of cholera (Arabic and English editions, 1918).
- (2) “ Exercice de la Pharmacie et du Commerce des substances Vénéneuses en Egypte ” (French edition, 1919).
- (3) Regulations on Births, Deaths and Burial Permits, (Arabic and English editions, 1922).
- (4) Regulations on “ Etablissements Incommodes, Insalubres ou Dangereux ” (Arabic and English editions, 1922).
- (5) Regulations on Medico-Legal Work (Arabic and English editions, 1922).
- (6) Infectious Diseases Handbook, (English edition, 1922 ; Arabic edition, 1924).
- (7) Disinfectors Handbook (Arabic edition, 1923).
- (8) Department of Public Health Stores Regulations (Arabic and English editions, 1923).
- (9) Instructions to the Department Pharmacies (Arabic edition, 1924).
- (10) Model conditions, drawn up by the Department of Public Health for certain manufacturing, shops, markets, etc., requiring licences under the “ Etablissements Insalubres ” Law (Arabic and English editions, 1925).
- (11) Regulations on Cemeteries, Crematoria, Inhumations, Exhumations, Embalming and Transport of Corpses (Arabic and English editions, 1925).
- (12) Instructions for medical officers of the Anthelmintic Annexes (Arabic and English editions, 1925).
- (13) Instructions to General Hospitals as to the treatment of Venereal Diseases (Arabic edition, 1925).

III.—THE SECRETARIAT CENTRAL OFFICE.

(a) *Secretariat* :

One of the most important attributions of this Office is the executive arrangements in connection with the representation of the Egyptian Kingdom in International Health Congresses and Exhibitions to which the Egyptian Government is invited.

Amongst other attributions of this Office are : Administrative Work in connection with the hiring of premises for Public Health Offices throughout the Country and communicating with the Contentieux as to the difficulties arising between the Department and the proprietors of these premises ; administrative work in connection with the installation of telephones in Public Health Offices, Department branches in provinces and the Offices of Heads of the Administration ; and other General Administrative questions which are forwarded to the Secretariat for examination.

THE EGYPTIAN KINGDOM WAS REPRESENTED IN THE FOLLOWING CONGRESSES WHICH DEALT WITH PUBLIC HEALTH QUESTIONS.

Number.	Congress.	Where held.	Period during which the Congress was being held.	Names of Representatives.
1	"Congrès Médical à Tunis"	Tunis	3-12 April, 1926...	Dr. Hassan Kamal, Government Fever Hospital, Abbâssiya. (<i>Vide</i> Decision of the Council of Ministers dated February 9, 1926).
2	Congress of the Royal Institute of Public Health	Bristol	19-24 May, 1926 ...	H.E. Dr. Mohamed Shahin Pacha, U.S.S. for Public Health, in the office of Vice-President to the Congress; Dr. Mohamed Khalil Abdel Khalek, Professor of Parasitology, Faculty of Medicine; and late Dr. Kamel Hanna Bey, then sub-director, Epidemics Section, Department of Public Health. (<i>Vide</i> Decision of the Council of Ministers dated March 9, 1926).
3	Fifth Ordinary Session of the International Association for the promotion of Child welfare	Rome	25-29 May, 1926 ...	Hassan Mokhtar Rasmi Effendi, Third Secretary, Egyptian Royal Legation in Italy (<i>Vide</i> Decision of the Council of Ministers dated May 10, 1926).
4	Imperial Congress for the celebration of the Jubilee of the Royal Sanitary Institute ...	London	5-10 July, 1926 ...	Late Dr. Kamel Hanna Bey, then sub-Director, Epidemics Section, Department of Public Health and Fayed Sabet Bey, 1st Secretary, Egyptian Royal Legation. London (<i>Vide</i> Decision of the Council of Ministers dated January 21, 1926).
5	World Conference on Narcotic Education ...	Philadelphia ...	5-10 July, 1926 ...	H.E. the Egyptian Plenipotentiary Minister in the United States of America (<i>Vide</i> Decision of the Council of Ministers dated May 10, 1926).
6	"XVIIIe Congrès International contre l'alcoolisme."	Tartu(Esthonie)	22-29 July, 1926 ...	Abdel Aziz Ghaleb Eff. Egyptian Consul at Munich. (<i>Vide</i> Decision of the Council of Ministers dated July 12, 1926).
7	"6e. Session des "Journées Médicales" de Bruxelles."	Brussels	20-30 July, 1926 ...	H.E. the Plenipotentiary Minister in Brussels.
8	"3e Congrès International de Sauvetage et de Premiers secours en cas d'accidents." ...	Amsterdam ...	7-11 Sept., 1926...	H.E. the Egyptian Plenipotentiary Minister in Hague; Henri Naus Bey, Director-General of the Sugar and Sugar-refinery Company of Egypt; also representatives from the Red Crescent and First Aid Associations.
9	"Comité pour célébrer le Centenaire de 'Laennec.'"	Paris	13-15 Dec., 1926 ...	Mahmoud Hassan Bey, first Secretary of the Egyptian Legation in Paris (<i>Vide</i> decision of the Council of Ministers dated November 29, 1926).

(b) *Registration :*

This Branch is charged with the registration of all inward and outward correspondence of the Central Administration. Its work has increased in the last years owing to the growth of the field of activity of the Department.

This is shown clearly in the following table :

Year.	Registered Correspondence (Inward and Outward).	Daily average, assuming that work days amount to about 300.
1919-1920	155,570	519
1920-1921	178,843	596
1921-1922	178,878	596
1922-1923	180,766	602
1923-1924	202,349	674
1924-1925	214,858	716
1925-1926	231,533	772
1926-1927	253,755	846

This Branch is also charged with the distribution of Departmental Orders and Gazettes

(c) *Archives :*

This Office is charged with the keeping, for the statutory period, of the registers and documents dispensed with which are sent to it by the sections of the Department in Cairo. Of these documents, the office hands over to the Central Archives those which should be kept there, and also sends to the “Economat Central”, Ministry of Finance, those which are finally dispensed with.

In addition, this office is concerned with the drawing up of extracts from Registers of Births, Deaths, Vaccination, Personnel and Hospitals Patients', which are delivered to it by the Sections and Offices of the Department in Cairo for filing.

The following table shows statistics of applications received during the last eight years for extracts of Births, Deaths and Vaccination, which were dealt with by the Office in question :—

Year.	Number of Applications.
1919	1,639
1920	2,493
1921	2,664
1922	3,295
1923	3,766
1924	3,932
1925	3,932
1926	4,341

LEGAL PUBLIC HEALTH ENACTMENTS AND LAWS.

The following enactments bearing on the work of the Department of Public Health were promulgated in 1926 :—

Arrêté dated January 1, 1926, concerning treatment fees in the Antirabic Institute.

Arrêté dated March 14, 1926, replacing “Boissons autres que les eaux gazeuses et les boissons alcooliques ou fermentées (fabriques)” by “Boissons autres que les eaux gazeuses et les boissons alcooliques ou fermentées (fabriques et établissements, pour la vente de,)”.

Arrêté dated April 1, 1926, fixing the fees for the examination and analysis of samples in the Department's Laboratories.

Arrêté dated April 5, 1926, adding “ Etablissements pour la vente de confitures, de pâtisseries et de pain ” to the schedule of “ Etablissements Insalubres,” Class II, Category A.

Law No. I, 1926, dated August 25, 1926, concerning measures to be taken against the spread of malaria.

Arrêté dated September 21, 1926, adding “ Etablissements pour la fumigation des fruits secs (Yameesh) ” to the schedule of “ Etablissements Insalubres,” Class II, Category A.

Arrêté dated September 21, 1926, replacing “ Establishments for grinding grains and husks prepared for trade or human use (worked by mechanical motors or animals)”, inserted in the schedule of “Etablissements Insalubres,” Class II, Category A, by the following : “ Establishments for grinding grains and husks, prepared for food or human use (worked by mechanical motors, animals or hands).”

Arrêté dated October 18, 1926, adding the “ Establishments of Artificial Amber ” to the schedule of “ Etablissements Insalubres,” Class I, Category A.

[illegible]

CEMETERIES:—

Inhumation, exhumation, and transport of bodies abroad. Regulations of September 15, 1876, and March 26 and October 30, 1877... ..
 Transfer of cemeteries. Decree of January 29, 1894
 Enclosure of cemeteries; unauthorized inhumation. Decree of March 12, 1898

PROPHYLLACTIC MEASURES:—

Permanent and exceptional measures to prevent epidemics.	<i>Arrêtés</i> of May 11, 1895, and December 19, 1904
Oysters and shell-fish during epidemics.	<i>Arrêté</i> of June 16, 1912
Cholera.	<i>Arrêté</i> of October 17, 1895, and supplementary <i>Arrêté</i> of May 30, 1896
Plague and cholera.	Decree of May 27, 1899, modified by Laws No. 3 of 1911 and No. 10 of 1913
Disinfection of houses during epidemics.	<i>Arrêtés</i> of May 23 and June 26, 1901
Passenger control in case of cholera abroad.	<i>Arrêté</i> of January 21, 1911
Navigation on the Mahmûdiya Canal in time of cholera.	<i>Arrêté</i> of January 16, 1911
Prophylactic measures against infectious diseases.	Law No. 15 of 1912
Prophylactic measures against Cholera.	Laws No. 10 of 1917 and No. 3 of 1918
Prophylactic measures against Anthrax.	Law No. 21 of 1920 and <i>Arrête</i> of June 7, 1921

Medical and allied permits.

During the year 1926, permits to practise their professions in Egypt were issued to :—

173	Doctors.
40	Pharmacists.
20	Assistant Pharmacists.
20	Midwives.
14	Dentists.
13	Veterinary Surgeons.
507	Barbers.
162	<i>Dayas</i> (Green Permits).
267	<i>Dayas</i> (White Permits).

REVENUE AND FINANCE DEPARTMENT

1. The Department of Revenue and Finance is responsible for the collection and management of the State's financial resources. It is also responsible for the distribution of these resources to the various departments and agencies of the State.

2. The Department is organized into several divisions, each of which is responsible for a specific function. These divisions are: the Division of Taxation, the Division of Finance, the Division of Accounts and Audits, and the Division of General Services.

3. The Division of Taxation is responsible for the collection and management of the State's tax revenues. It is also responsible for the administration of the State's tax laws and for the collection of the State's tax debts.

4. The Division of Finance is responsible for the management of the State's financial resources. It is also responsible for the distribution of these resources to the various departments and agencies of the State.

5. The Division of Accounts and Audits is responsible for the auditing of the State's accounts and for the preparation of the State's financial statements.

6. The Division of General Services is responsible for the management of the State's general services, including the management of the State's property, the management of the State's personnel, and the management of the State's procurement.

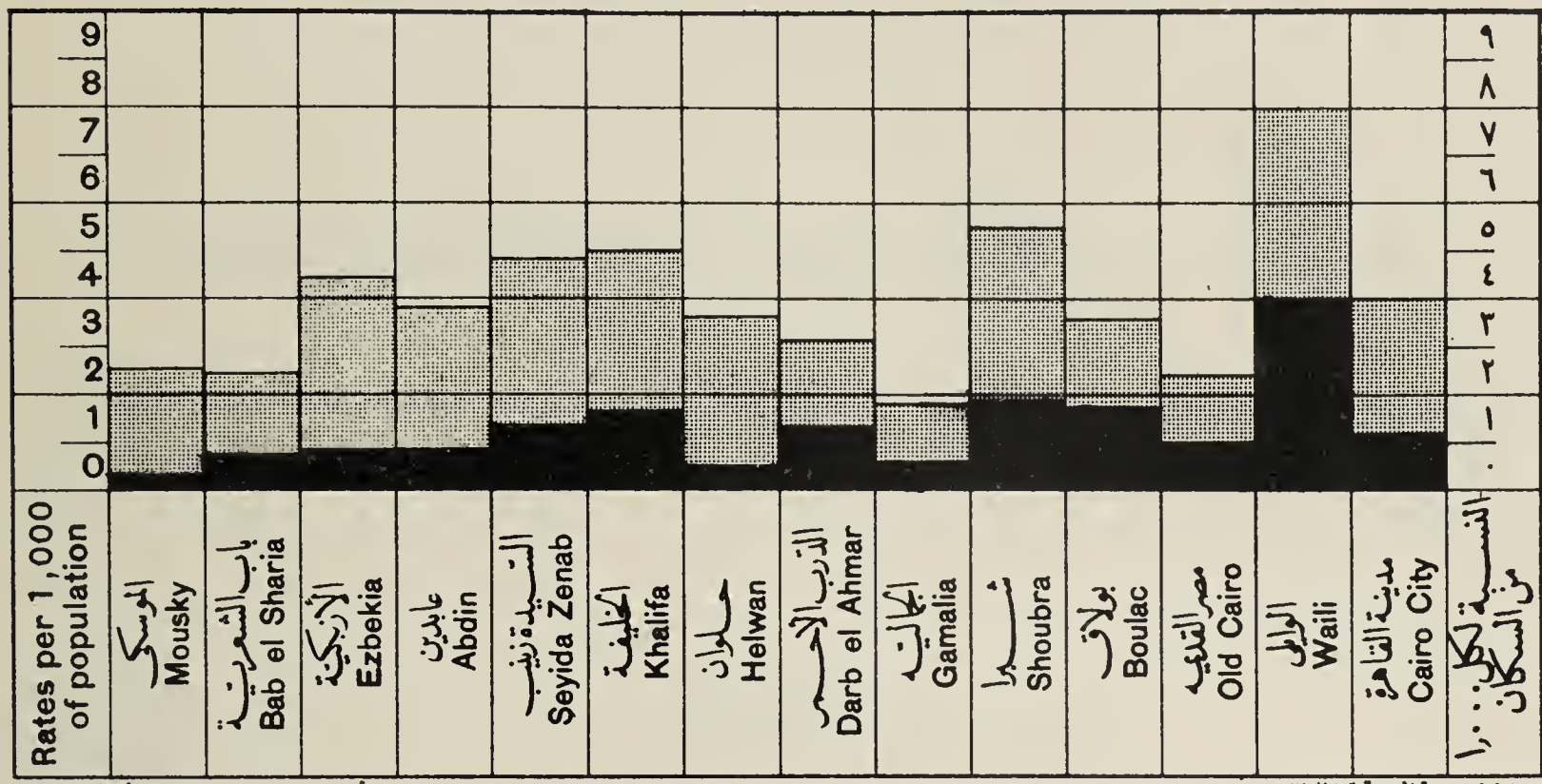
Government Press.

8315-1928-400 ex.

Fig. 1
Cairo City Health Report 1926

الشكل رقم ١
تقرير صحة مدينة القاهرة لسنة ١٩٢٦

نسبة اصابات ووفيات الأمراض المعدية باقسام القاهرة في سنة ١٩٢٦ لكل الف من السكان
ZYMOTIC DISEASES CASE & DEATH-RATES IN CAIRO DISTRICTS
IN 1926 PER 1,000 OF POPULATION

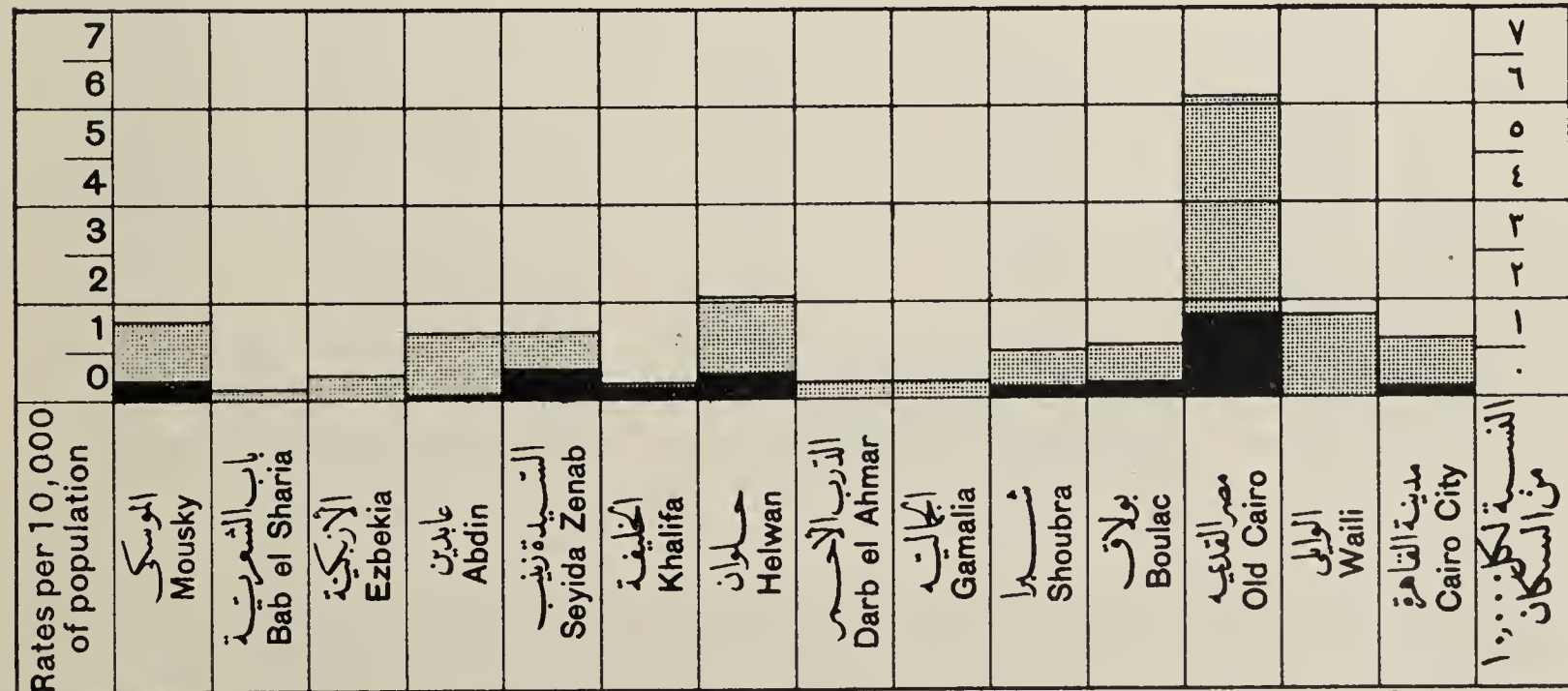


S. of E. 28/443
ملحق المصحة المصرية ٢٨/٤٤٣

الوفيات Deaths
الاصابات المبلغ عنها Cases recorded

Fig. 2
الشكل رقم ٢

نسبة اصابات ووفيات الجدري باقسام القاهرة في سنة ١٩٢٦ لكل عشرة الاف من السكان
SMALL POX CASE AND DEATH-RATES IN CAIRO DISTRICTS
IN 1926 PER 10,000 OF POPULATION

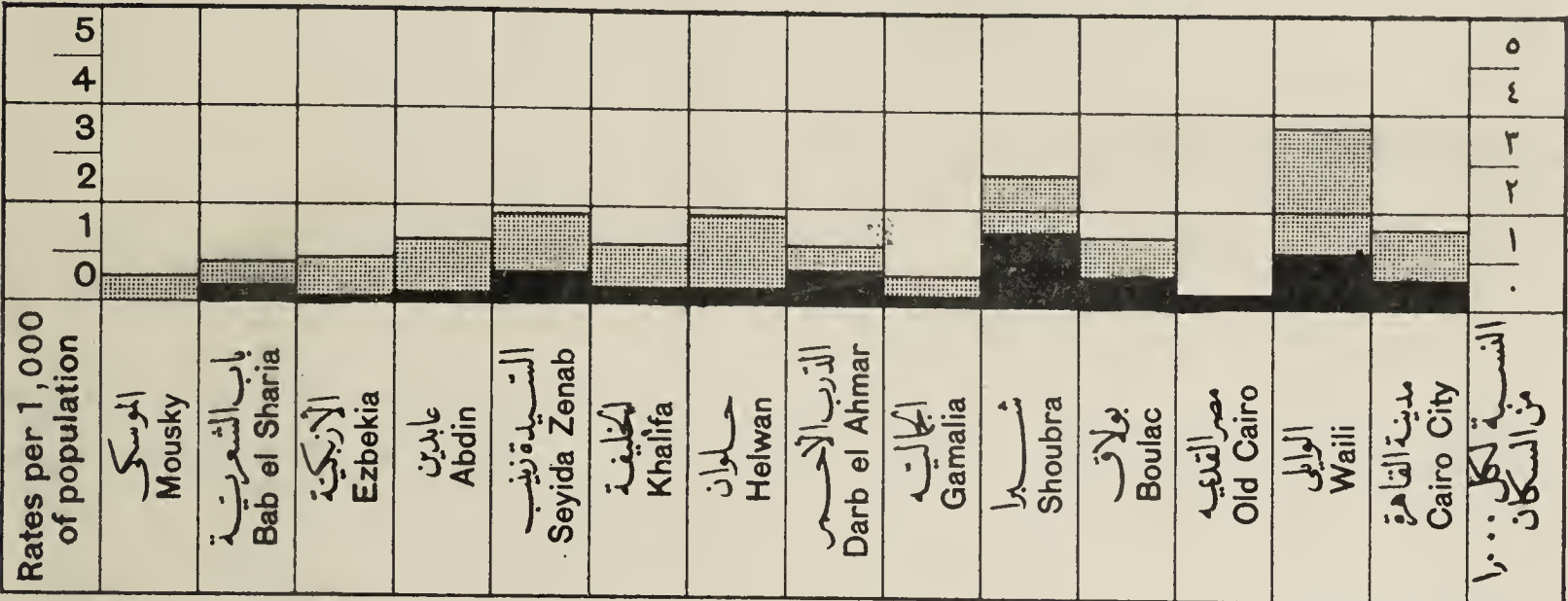


S. of E. 28/443
ملحق المصحة المصرية ٢٨/٤٤٣

الوفيات Deaths
الاصابات المبلغ عنها Cases recorded



نسبة اصابات ووفيات الحصبة باقسام القاهرة في سنة ١٩٢٦ لكل الف من السكان
MEASLES CASE AND DEATH - RATES IN CAIRO DISTRICTS
IN 1926 PER 1,000 OF POPULATION

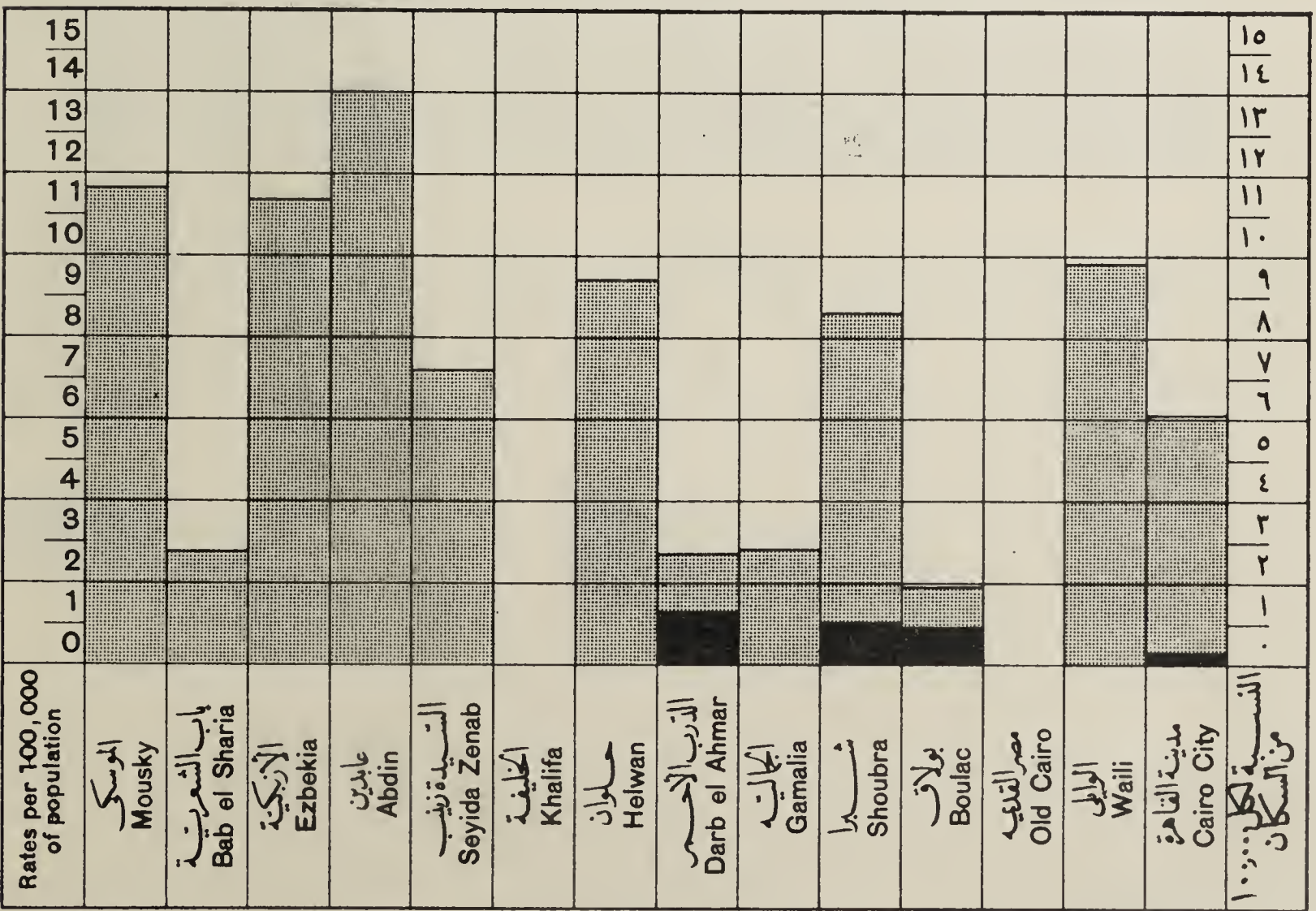


S. of E. 28/443
صلحة المساحة المصرية ٢٨/٤٤٣

الوفيات Deaths
الاصابات المبلغ عنها Cases recorded

Fig. 4
الشكل رقم ٤

نسبة اصابات ووفيات الحمى القرمزية باقسام القاهرة في سنة ١٩٢٦ لكل مائة الف من السكان
SCARLET FEVER CASE & DEATH - RATES IN CAIRO DISTRICTS
IN 1926 PER 100,000 OF POPULATION



S. of E. 28/443
صلحة المساحة المصرية ٢٨/٤٤٣

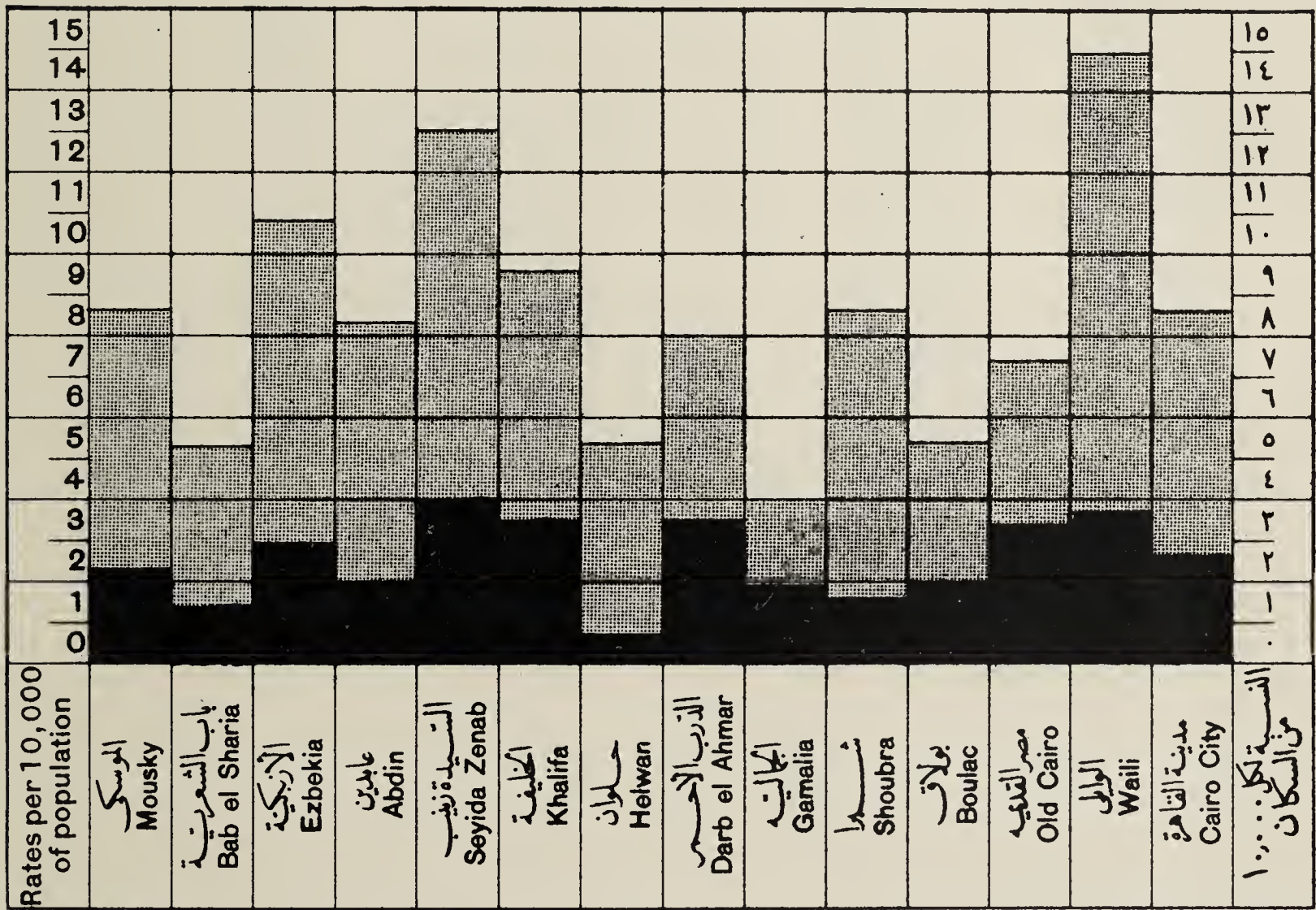
الوفيات Deaths
الاصابات المبلغ عنها Cases recorded



Fig. 5
Cairo City Health Report 1926

الشكل رقم ٥
تقرير صحة مدينة القاهرة لسنة ١٩٢٦

نسبة اصابات ووفيات الدفتريا باقسام القاهرة في لسنة لكل عشرة الاف من السكان
DEPHThERIA CASE AND DEATH - RATES IN CAIRO DISTRICTS
IN 1926 PER 10,000 OF POPULATION

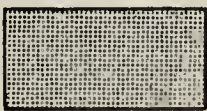


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جريدة الصحة المصرية ٢٨/١١٣



الوفيات
Deaths



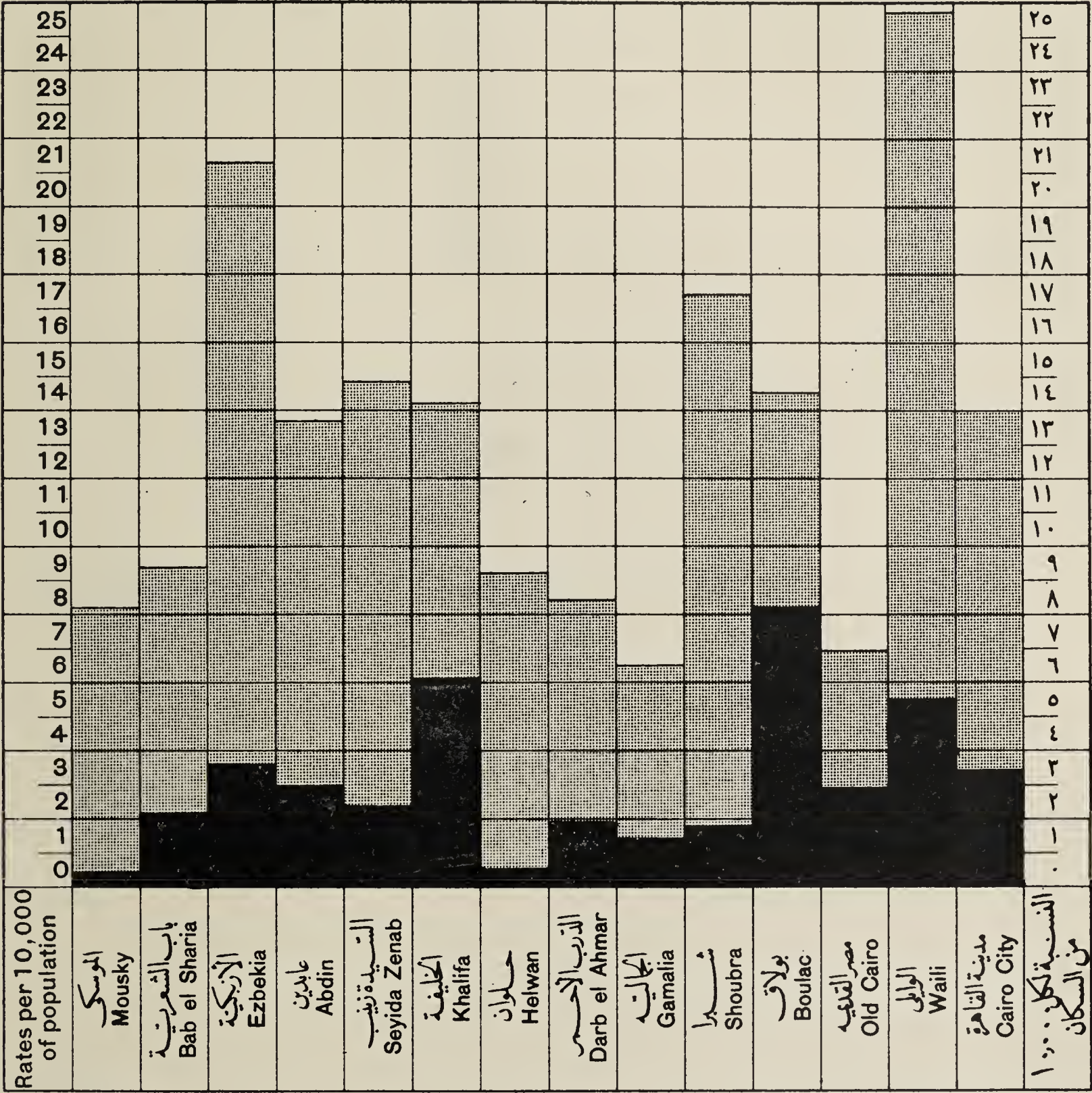
الاصابات المبلغ عنها
Cases recorded



Fig. 6
Cairo City Health Report 1926

الشكل رقم ٦
تقرير صحة مدينة القاهرة لسنة ١٩٢٦

نسبة اصابات ووفيات الحمى التيفودية باقسام القاهرة في سنة ١٩٢٦ لكل عشرة الاف من السكان
TYPHOID FEVER CASE & DEATH - RATES IN CAIRO DISTRICTS
IN 1926 PER 10,000. OF POPULATION

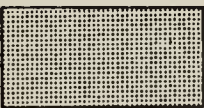


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ملحة المساحة المصورة ٢٨/٤٤٣



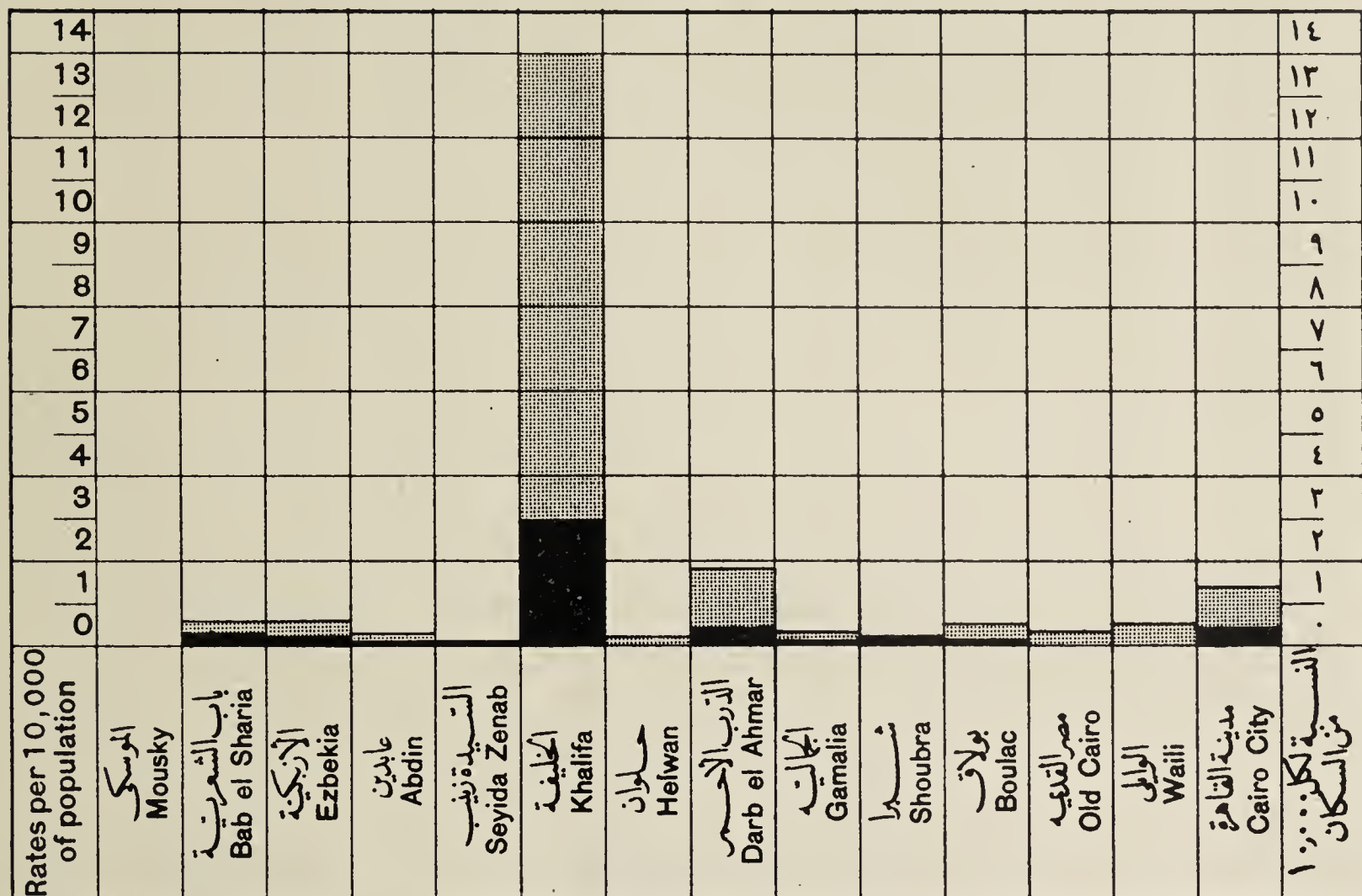
الوفيات
Deaths



الاصابات المبلغ عنها
Cases recorded

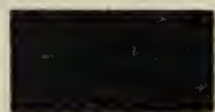


نسبة اصابات ووفيات الحمى التيفوسية باقسام القاهرة في سنة ١٩٢٦ لكل عشرة الاف من السكان
TYPHUS FEVER CASE & DEATH - RATES IN CAIRO DISTRICTS
IN 1926 PER 10,000 OF POPULATION

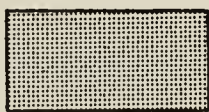


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صحة القاهرة ٢٨/٤٤٣



الوفيات
Deaths

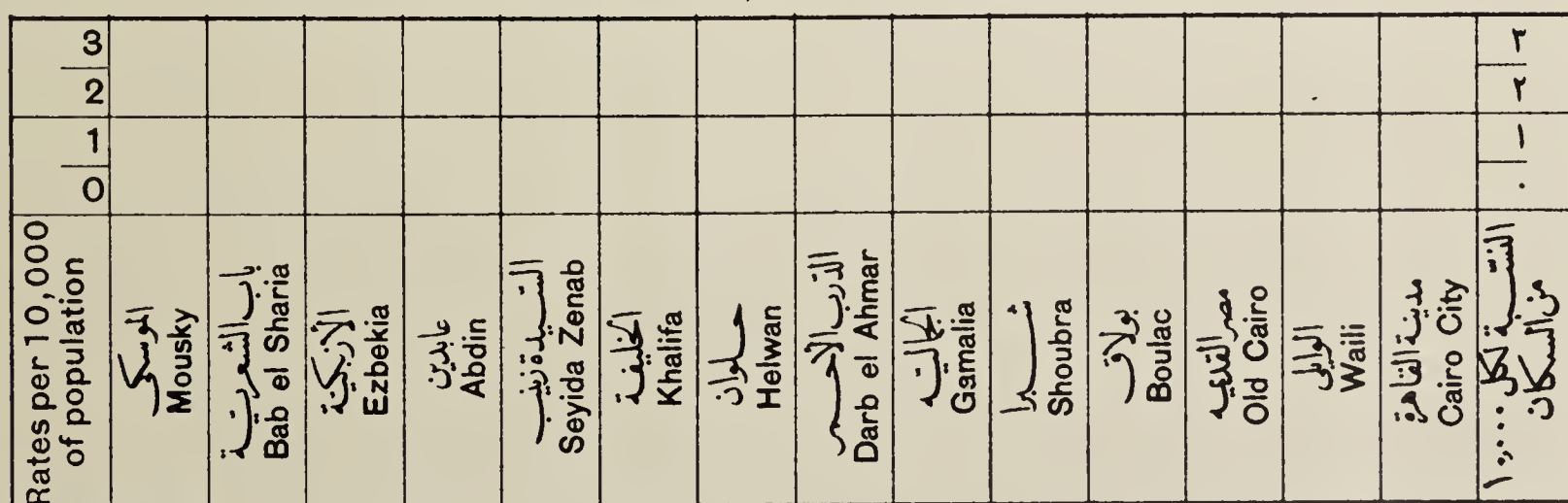


الاصابات المبلغ عنها
Cases recorded

Fig. 8

الشكل رقم ٨

نسبة اصابات ووفيات الحمى الراجعة باقسام القاهرة في سنة ١٩٢٦ لكل عشرة الاف من السكان
RELAPSING FEVER CASE & DEATH - RATES IN CAIRO DISTRICTS
IN 1926 PER 10,000 OF POPULATION



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صحة القاهرة ٢٨/٤٤٣



الوفيات
Deaths



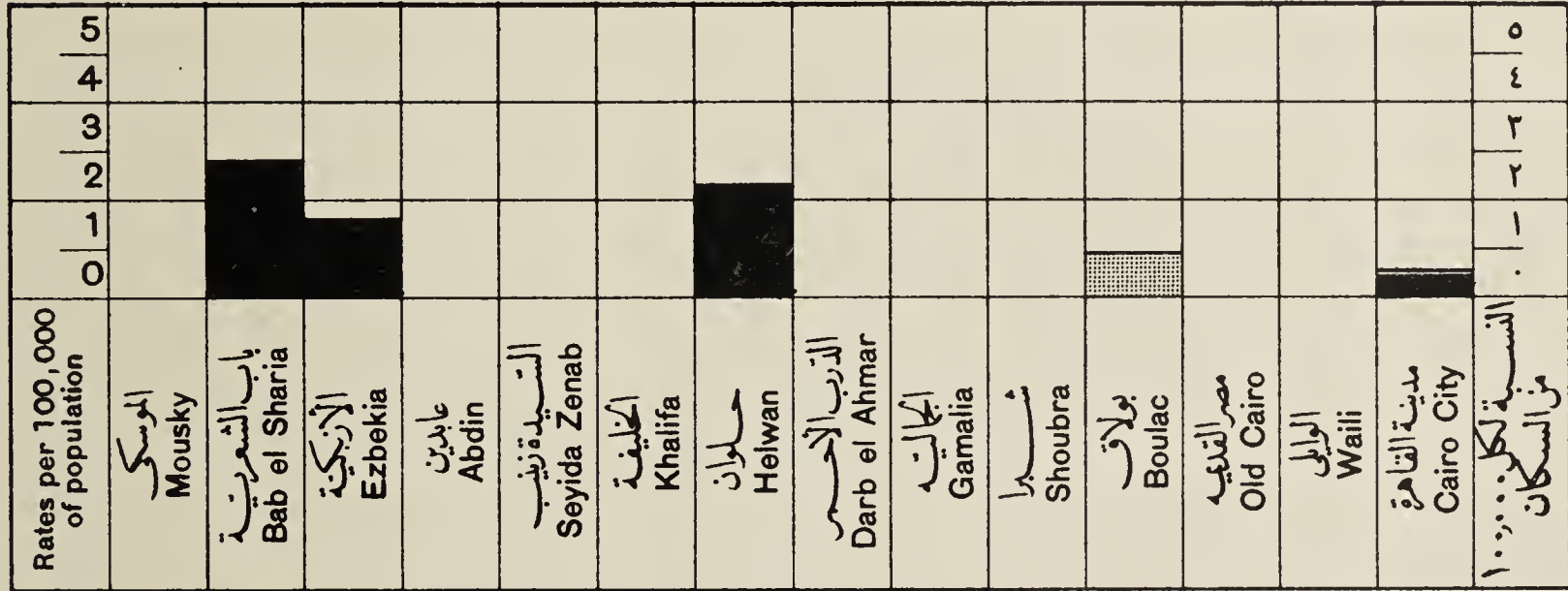
الاصابات المبلغ عنها
Cases recorded



Fig. 9
Cairo City Health Report 1926

الشكل رقم ٩
تقرير صحة مدينة القاهرة لسنة ١٩٢٦

نسبة اصابات ووفيات الحمى المخية الشوكية باقسام القاهرة في سنة ١٩٢٦ لكل مائة الف من السكان
CEREBRO SPINAL FEVER CASE AND DEATH - RATES IN CAIRO
DISTRICTS IN 1926 PER 100,000 OF POPULATION



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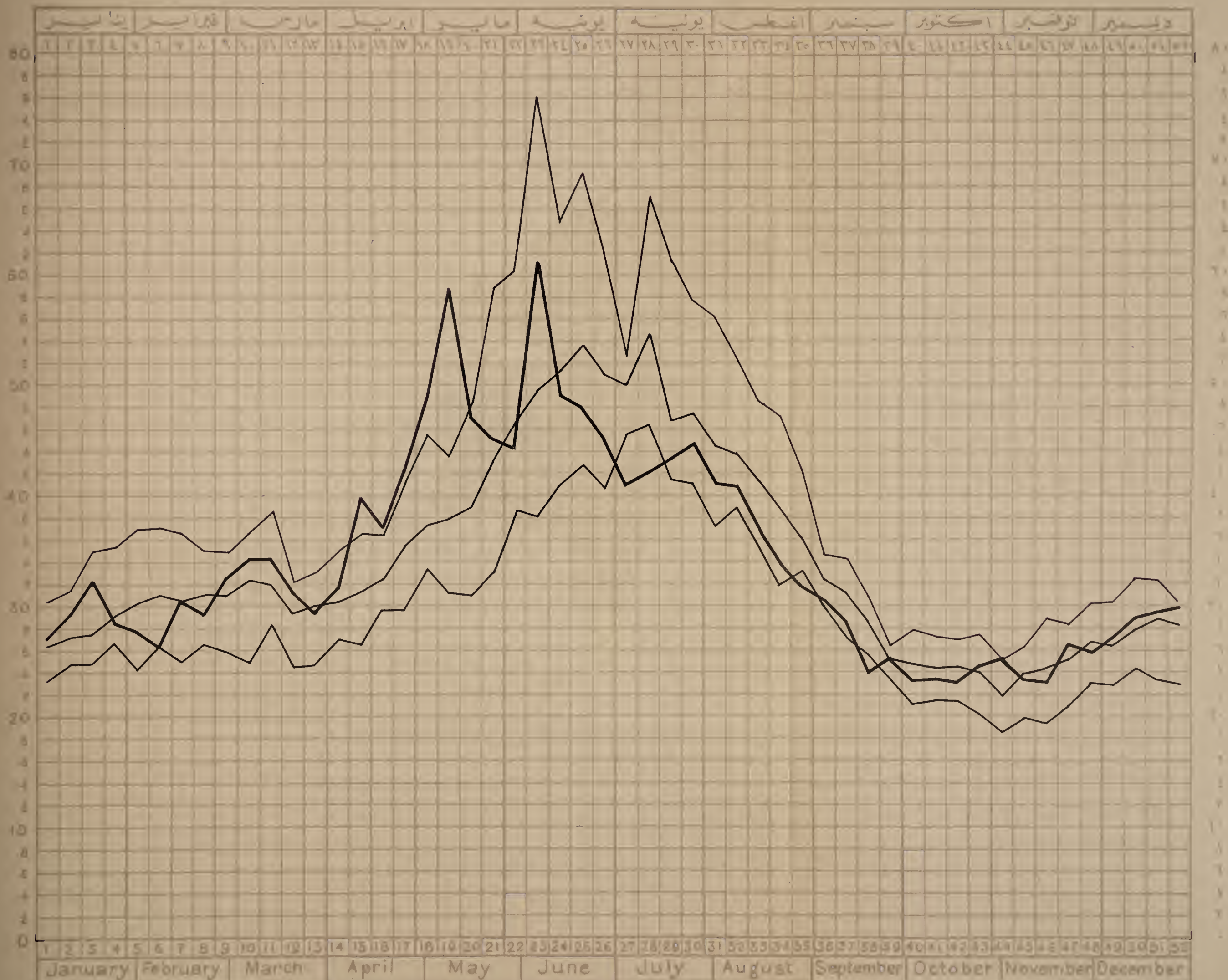
مصلحة المساحة المصرية ٢٨/٤٤٣

الوفيات
Deaths

الاصابات المبلغ عنها
Cases recorded



نسبة الوفيات الاسبوعية لكل الف من السكان في مدة خمس سنوات من سنة ١٩٢١ الى سنة ١٩٢٥
Weekly Death - rates per 1000 living in quinquennial period 1921 - 1925



S. of E. 28/443

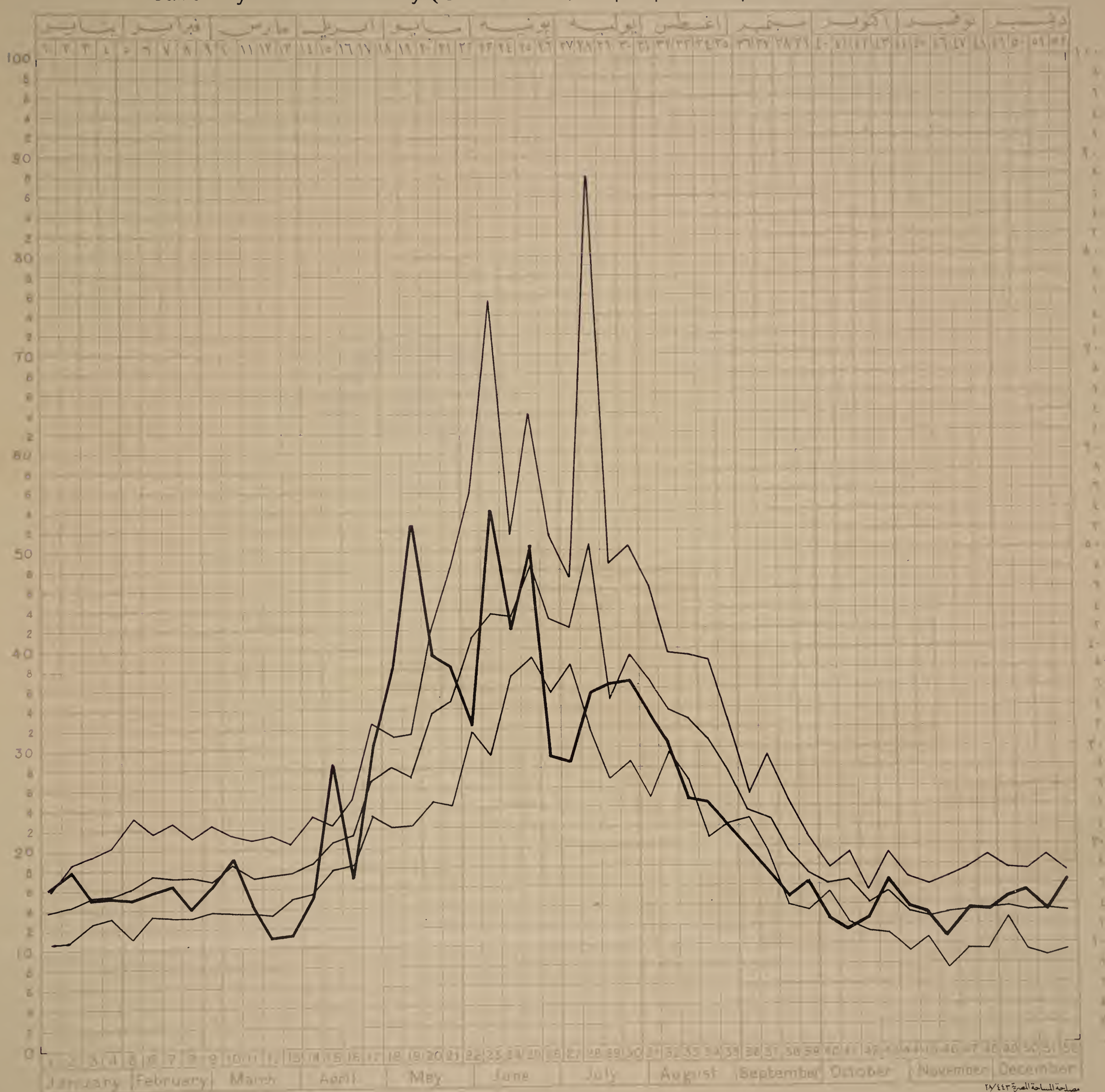
مصلحة الصحة المصرية ١٩٢٦

أعلى وأدنى ومتوسط النسبة
Max. , Min. & Mean rates.

نسبة الوفيات الاسبوعية في سنة ١٩٢٦
Weekly death-rates in 1926.



نسبة الوفيات الأسبوعية للأطفال الذين لا يزيد عمرهم عن السنة الواحدة بالقاهرة في مدة خمس سنوات من سنة ١٩٢١ إلى سنة ١٩٢٥
Cairo City Infantile Mortality (Children 0-1) in quinquennial period 1921 - 1925



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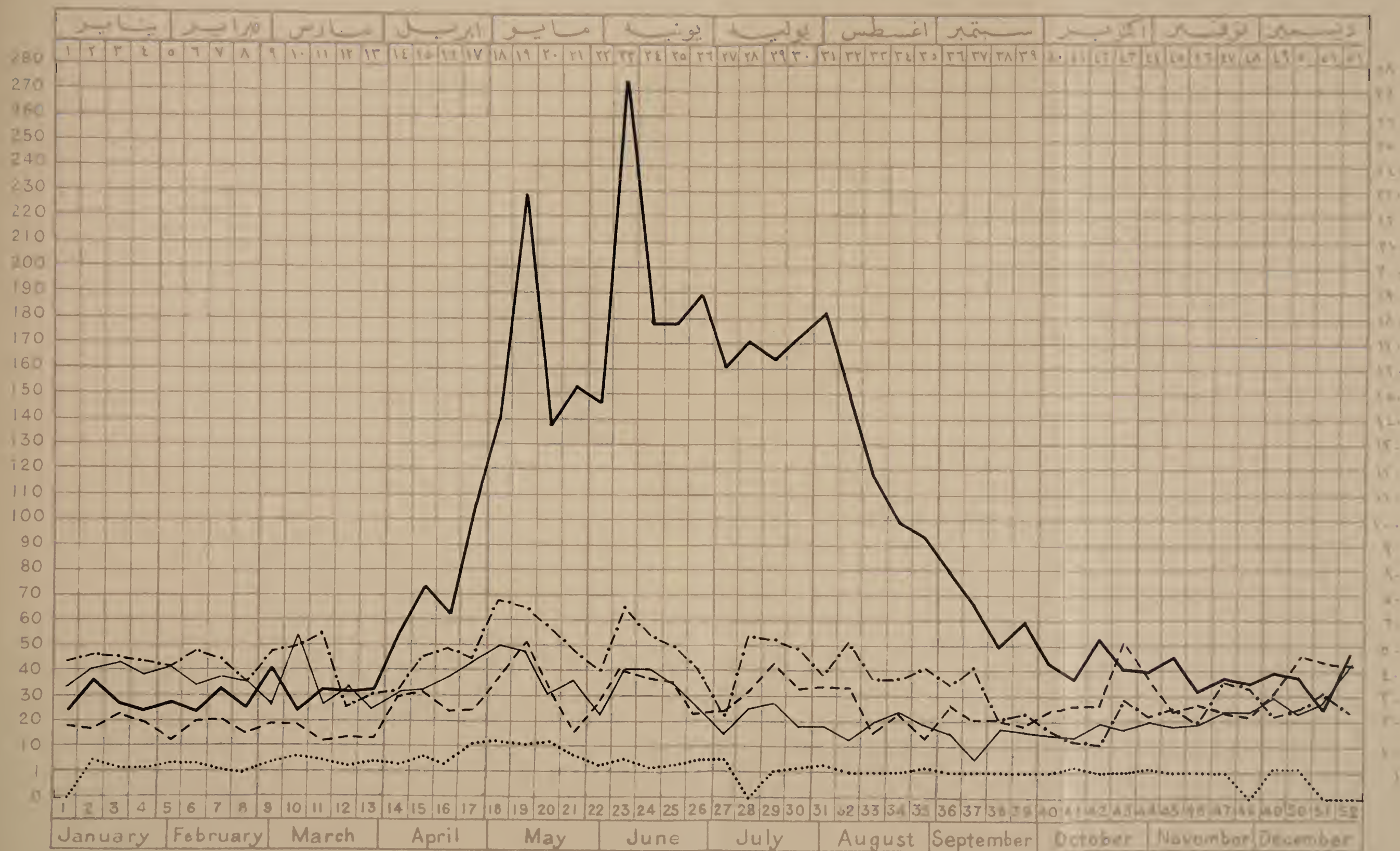
أعلى وأدنى ومتوسط نسبة الوفيات الأسبوعية لكل مائة مولود _____ Max. ,Min. & Mean of Weekly death-rates per 100 Births

نسبة الوفيات الأسبوعية لكل مائة مولود في سنة ١٩٢٦ _____ Weekly death-rates per 100 Births for 1926

مصلحة المساحة المصرية ١٩٢٦



نسبة الوفيات الأسبوعية للأطفال الذين لا يزيد سنهم عن السنة الواحدة بالقاهرة في سنة ١٩٢٦
Weekly Infantile Mortality (Children 0-1) 1926 Cairo



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مصلحة المساحة المصرية ٢٨/٤٤٣

Diarrhœa ————— الأسهال

Pulmonary ————— أمراض رئوية

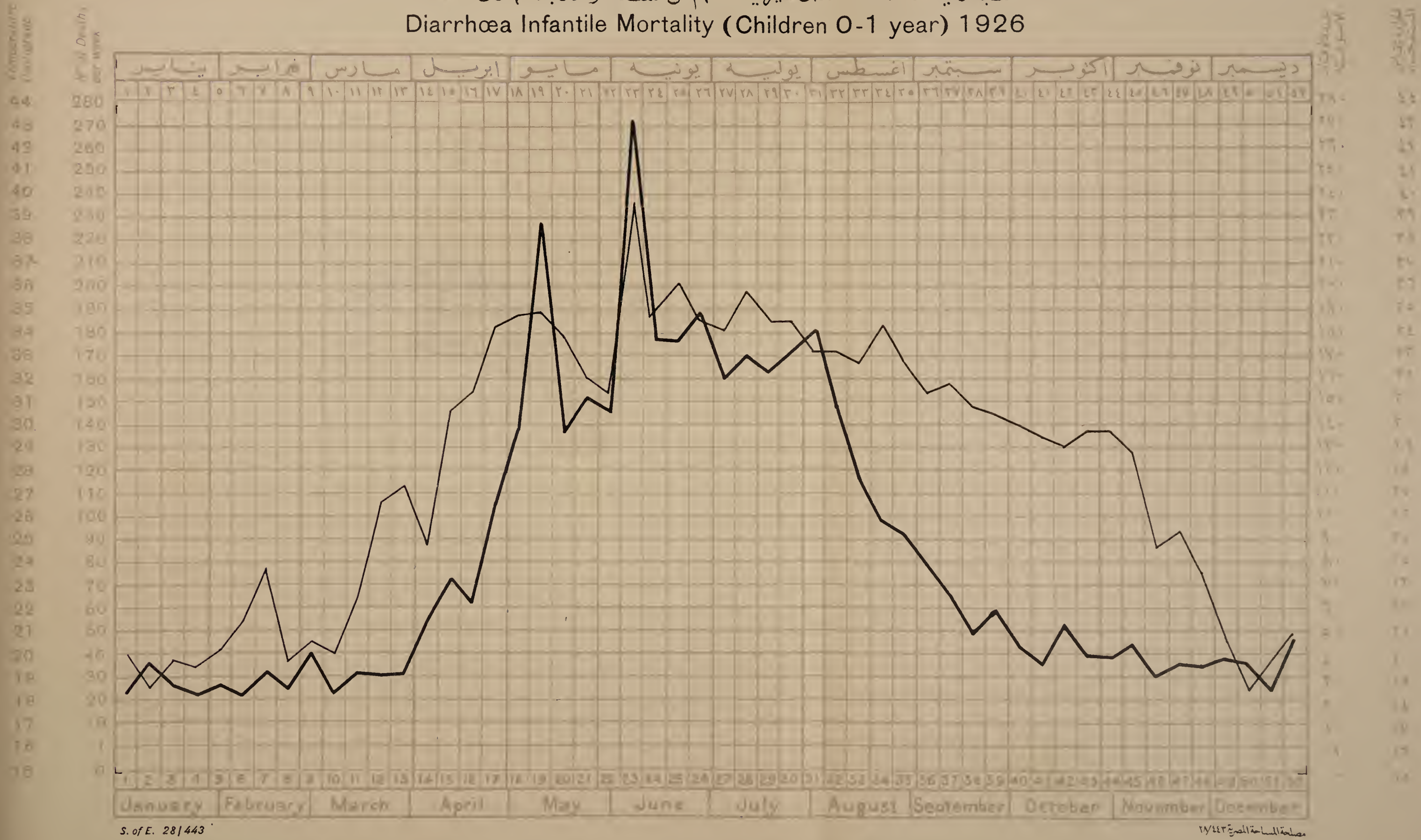
Marasmus - - - - - ضعف أو هزال

Infectious Diseases أمراض معدية

Other Diseases - - - - - أمراض أخرى



نسبة وفيات الأطفال الذين لا يزيد سنهم عن السنة الواحدة بالأسهال في سنة ١٩٢٦
Diarrhoea Infantile Mortality (Children 0-1 year) 1926

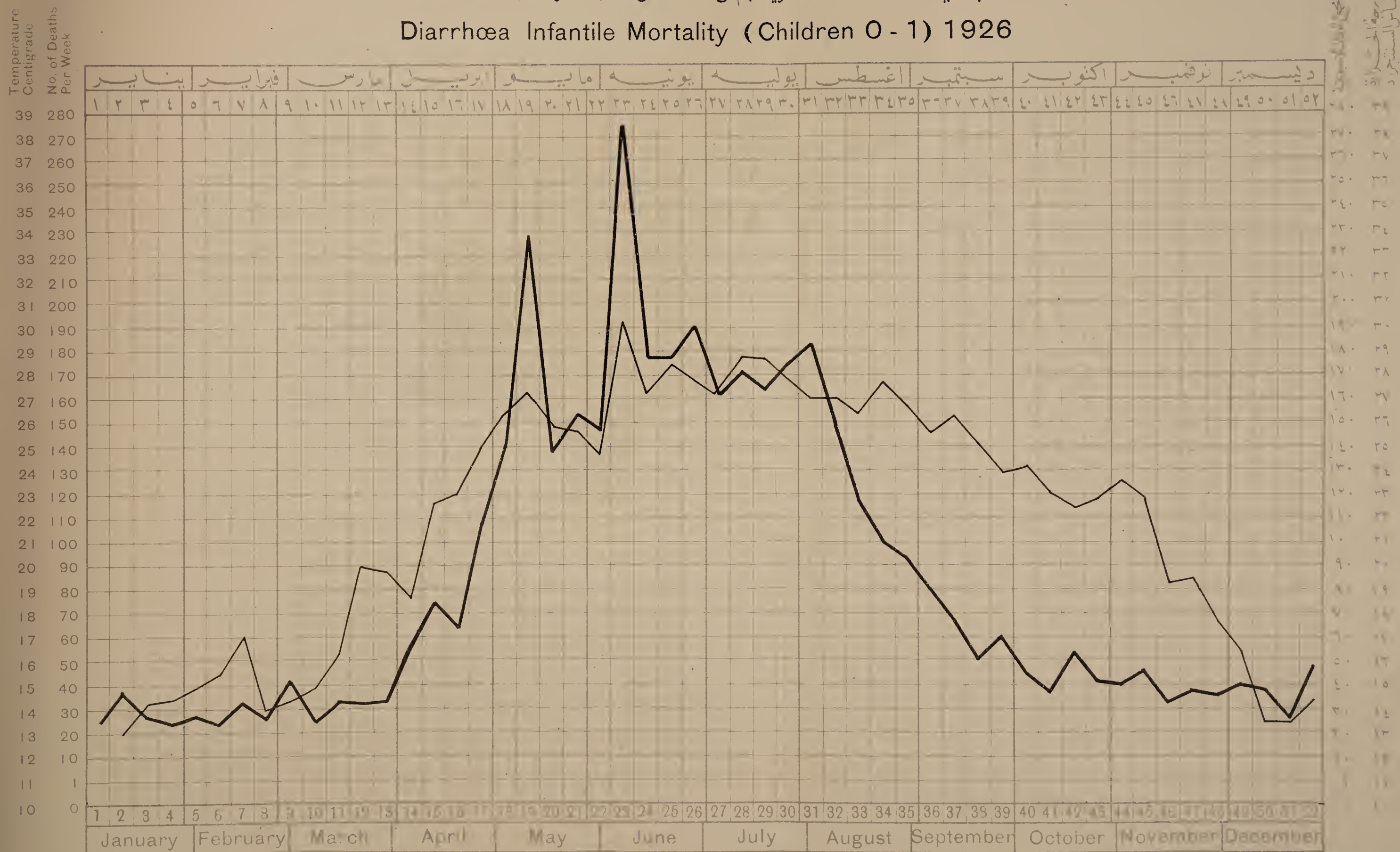


Diarrhoea ————— الأسهال

Max. Temperature °C ————— أعلى درجة الحرارة بمقياس سنسيتيف



نسبة وفيات الأطفال الذين لا تزيد سنهم عن السنة الواحدة بالأسهال في سنة ١٩٢٦
Diarrhoea Infantile Mortality (Children 0 - 1) 1926

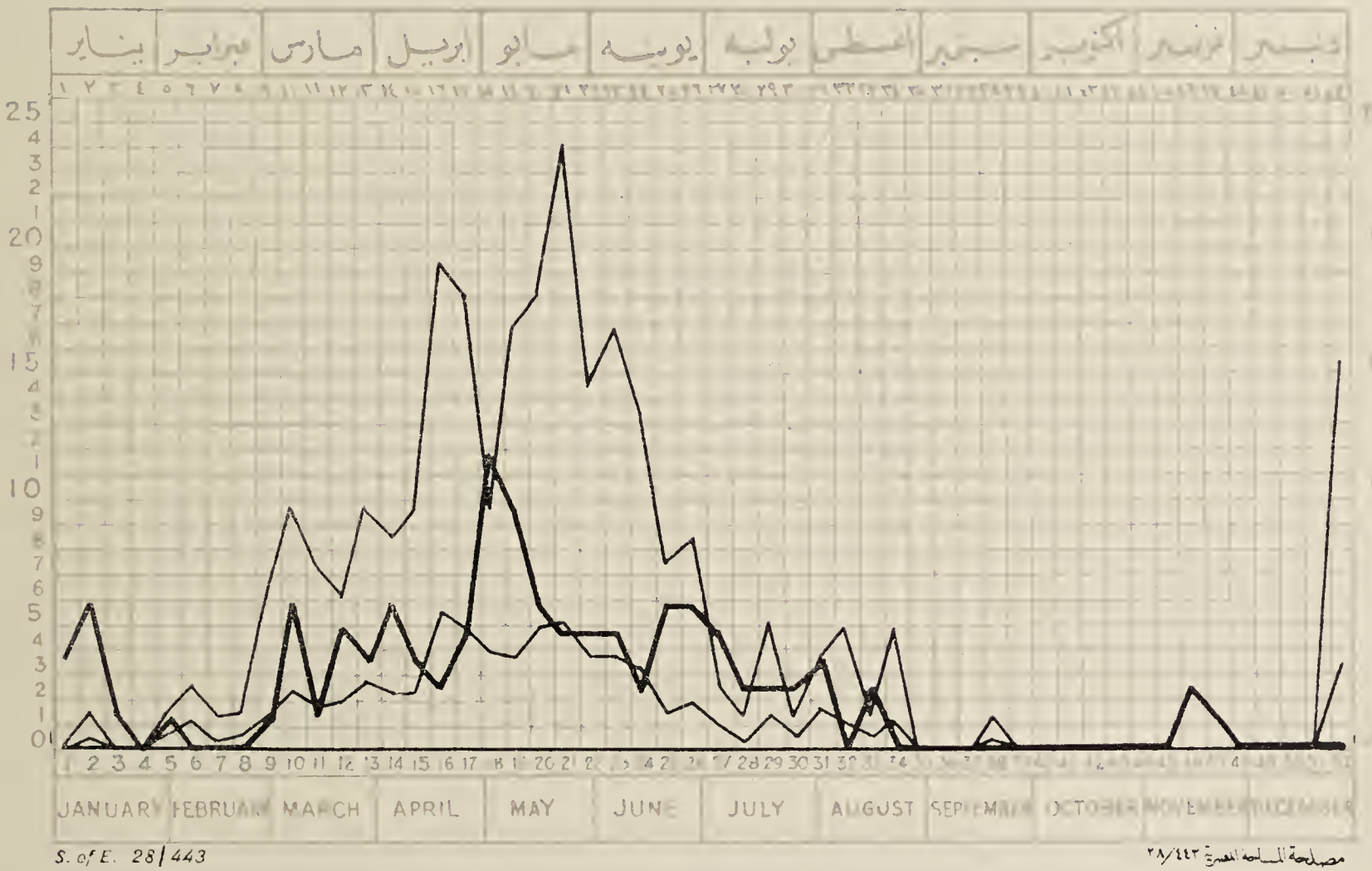


الاسهال
Diarrhoea

متوسط درجة الحرارة بمقياس سنجراد
Mean Temperature C.



الجدرى
Small Pox



النسب الأسبوعية القصوى والدنيا والمتوسطة لعدد الأصابات في كل مليون من السكان من سنة ١٩٢١ إلى سنة ١٩٢٥
Weekly Max., Min. & Mean number of cases estimated per million of pop. 1921 - 1925

المجموع الأسبوعي للأصابات في سنة ١٩٢٦
Weekly total of cases in 1926



الحَصْبَة
Measles

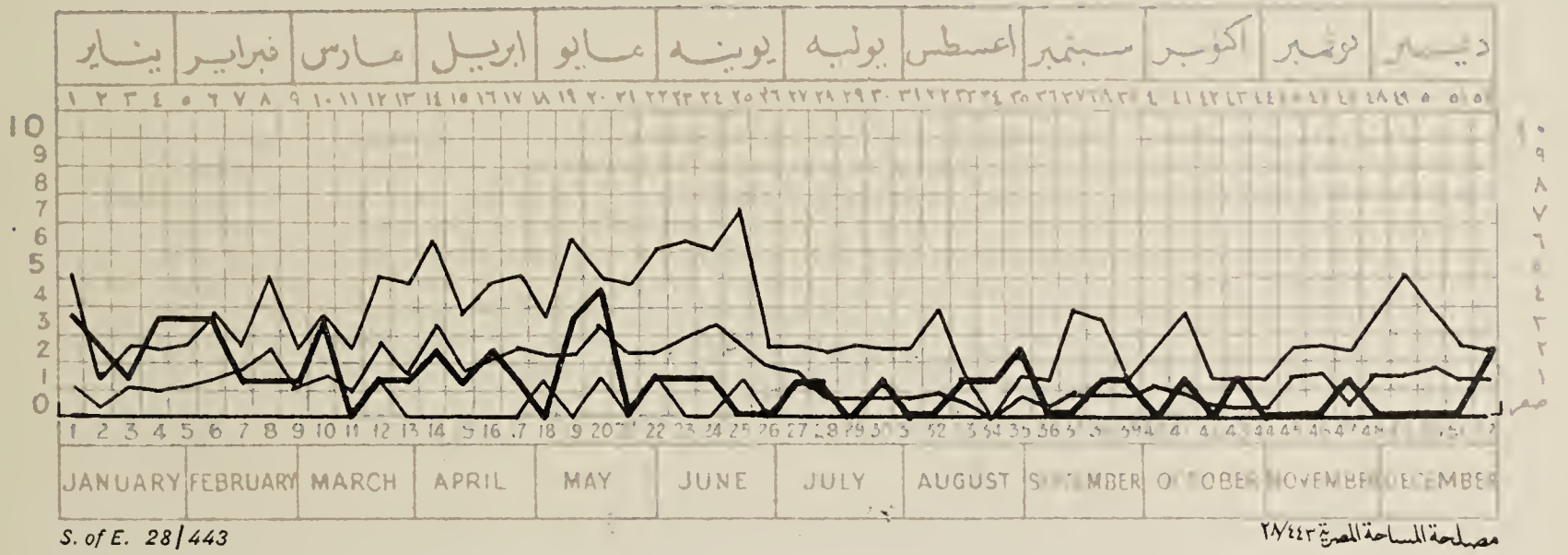


النسب الأسبوعية القصوى والدنيا والمتوسطة لعدد الأصابات في كل مليون من السكان من ١٩٢١ إلى ١٩٢٥
Weekly Max., Min. & Mean number of cases estimated per million of pop. 1921 - 1925

المجموع الأسبوعي للاصابات في ١٩٢٦
Weekly total of cases in 1926



الحُمى القرمزية
Scarlet Fever

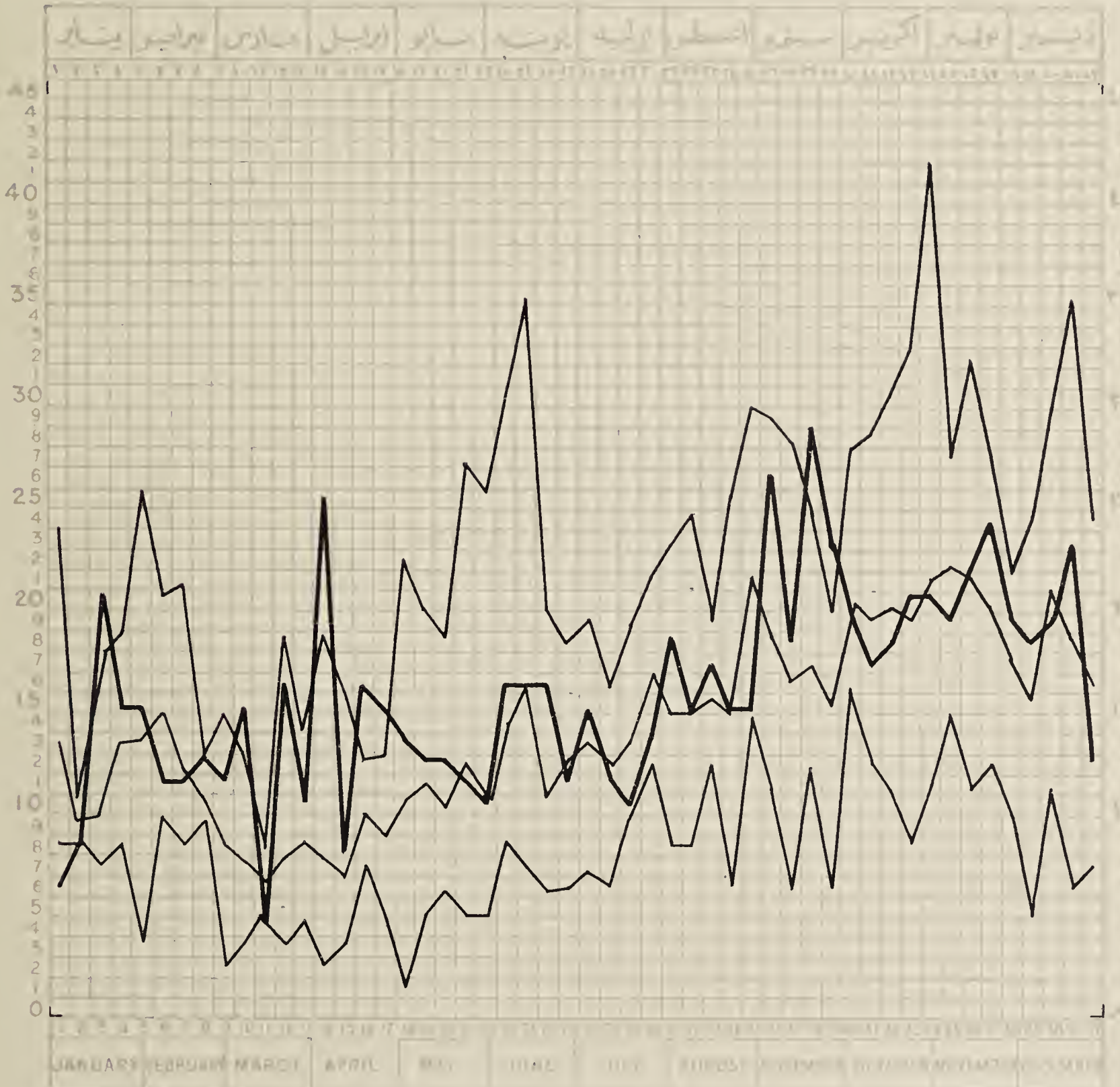


النسب الأسبوعية القصوى والدنيا والمتوسطة لعدد الأصابات في كل مليون من السكان من سنة ١٩٢١ لسنة ١٩٢٥
Weekly Max., Min. & Mean number of cases estimated per million of pop. 1921 - 1925

المجموع الأسبوعي للأصابات في سنة ١٩٢٦
Weekly total of cases in 1926



الذفتريكا Diphtheria



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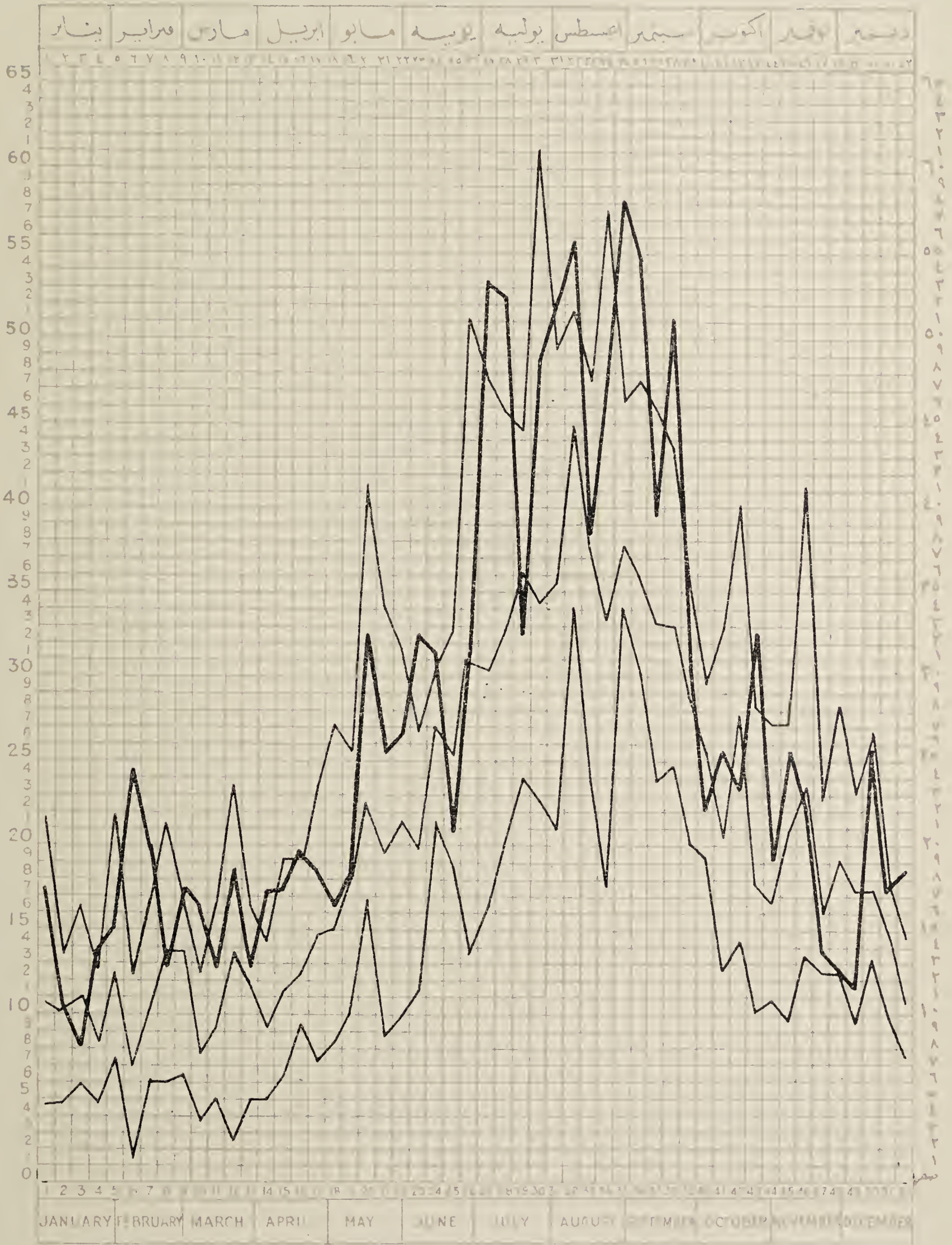
مصلحة المساحة المصرية ٢٨/٤٤٣

النسب الأسبوعية القصوى والدنيا والوسطى لعدد الإصابات في كل مليون من السكان من سنة ١٩٢١ لسنة ١٩٢٥
(Weekly Max., Min. & Mean number of cases estimated per million of pop. 1921 - 1925)

المجموع الأسبوعي للإصابات في سنة ١٩٢٦
(Weekly total of cases in 1926)



الحُمى التيفوئيدية
Typhoid



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مصلحة للساحة المصرية ٢٧/١١٣

النسب الأسبوعية القصوى والدنيا والمتوسطة لعدد الإصابات في كل مليون من السكان من سنة ١٩٢١ لسنة ١٩٢٥
Weekly Max., Min. & Mean number of cases estimated per million of pop. 1921 - 1925
المجموع الأسبوعي للإصابات في سنة ١٩٢٦
Weekly total of cases in 1926



الحُمى التيفوسية
Typhus



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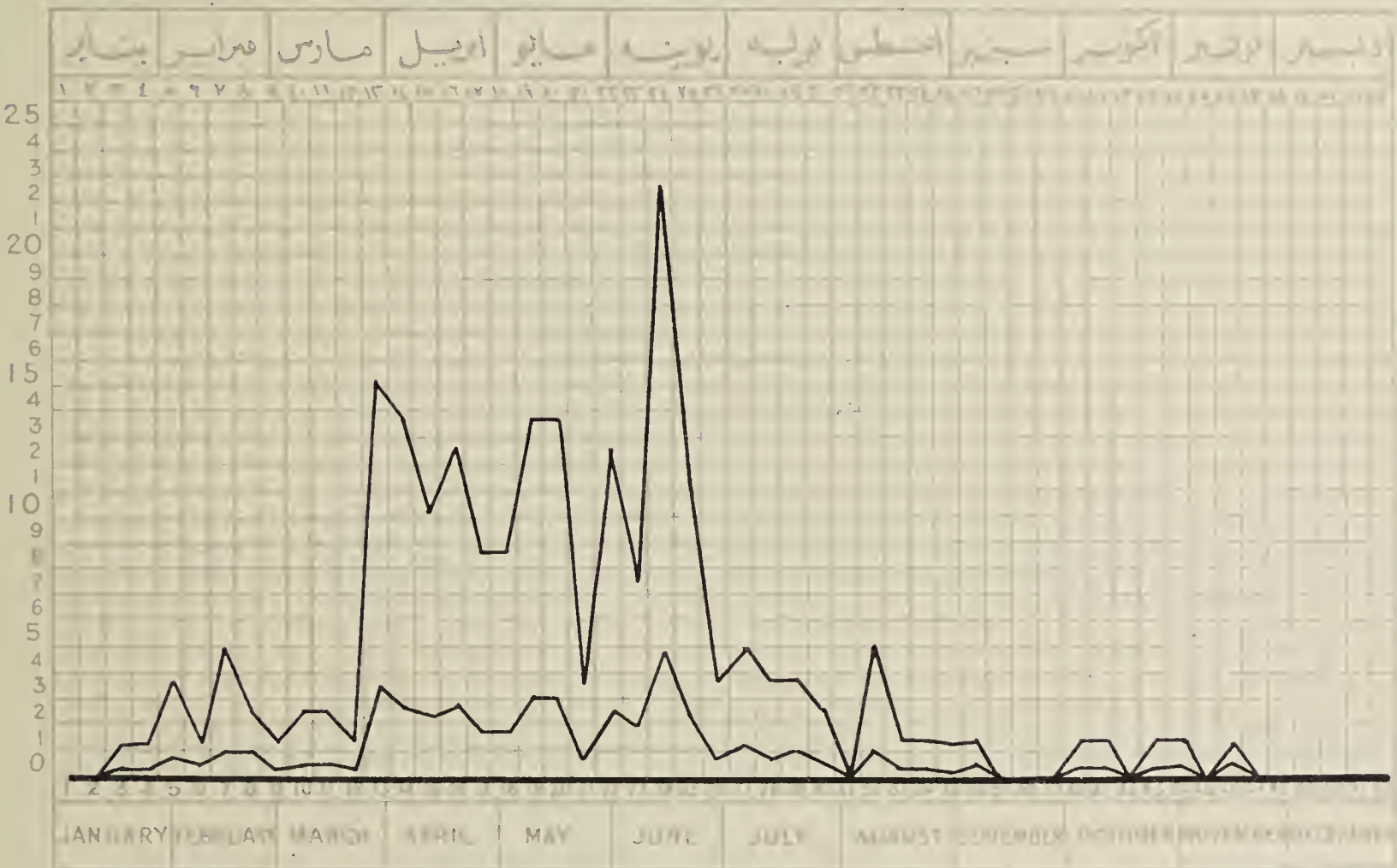
مصلحة المساحة المصرية ٢٨/٤٤٣

النسب الأسبوعية القصوى والدنيا والمتوسطة لعدد الأضابان في كل مليون من السكان من سنة ١٩٢١ لسنة ١٩٢٥
(Weekly Max., Min. & Mean number of cases estimated per million of pop. 1921 - 1925)

المجموع الأسبوعي للأضابان في سنة ١٩٢٦
(Weekly total of cases in 1926)



الحُمى الراجعة
Relapsing Fever



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مصلحة المساحة للصحة ٢٨/٤٤٣

النسب الأسبوعية القصوى والدنيا والمتوسطة لعدد الإصابات في كل مليون من السكان من سنة ١٩٢١ إلى سنة ١٩٢٥
(Weekly Max., Min. & Mean number of cases estimated per million of pop. 1921 - 1925)

المجموع الأسبوعي للإصابات في سنة ١٩٢٦
(Weekly total of cases in 1926)



تقرير صحة مدينة القاهرة سنة ١٩٢٦
Cairo City Health Report 1926

الرسم رقم ١٢
Chart 12

الحُمى المخيَّة الشوكيَّة Cerebro Spinal Fever



النسب الأسبوعية القصوى والدنيا والمتوسطة لعدد الأصابات في كل مليون من السكان من سنة ١٩٢١ إلى سنة ١٩٢٥
Weekly Max., Min. & Mean number of cases estimated per million of pop. 1921 - 1925

المجموع الأسبوعي للأصابات في سنة ١٩٢٦
Weekly total of cases in 1926



